

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040793

1. Entity Name

THE LAW OFFICES OF FRANKLIN C. FERGUSON, SR., P.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90165 010 ***150.00

Principal Place of Business

Mailing Address

889 NW 214TH ST., UNIT 201
MIAMI FL 33169

889 NW 214TH ST., UNIT 201
MIAMI FL 33169-2015

2. Principal Place of Business

3. Mailing Address

190 NE 199th St.

190 NE 199th St.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Miami, FL 33179

City & State

Miami, FL 33179

4. FEI Number

65-0920979

Applied For

Not Applicable

Zip

33179

Country

US

Zip

33179

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERGUSON, FRANKLIN C SR,ESQ.
889 NW 214TH ST., UNIT 201
MIAMI FL 33169

Name

Franklin C. Ferguson

Street Address (P.O. Box Number is Not Acceptable)

190 NE 199th St.

Suite 201

City

Miami

FL

Zip Code

33179

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Franklin C. Ferguson ☐ Delete
President
190 NE 199th St., Suite 201
Miami, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/98)