

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91134 011 \*\*\*150.00

**DOCUMENT # P99000056292**

1. Entity Name

**LAW OFFICES OF KNOBLOCK & DOHNER, A PROFESSIONAL**

Principal Place of Business

**9130 SOUTH DADELAND BLVD STE 1628  
 MIAMI FL 33156**

Mailing Address

**9130 SOUTH DADELAND BLVD STE 1628  
 MIAMI FL 33156**

2. Principal Place of Business

**7901 SW 67 Avenue**

Suite, Apt. #, etc.

**Suite 203**

3. Mailing Address

**7901 SW 67 Avenue**

Suite, Apt. #, etc.

**Suite 203**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33143**

Country

**USA**

Zip

**33143**

Country

**USA**

4. FEI Number

**65-0928484**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNOBLOCK, HENRY M  
 9130 SOUTH DADELAND BLVD STE 1628  
 MIAMI FL 33156**

Name

**Henry M. Knoblock**

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

**7901 SW 67 Avenue**

**Suite 203**

City

**Miami**

**FL**

Zip Code  
**33143**

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

*Henry M. Knoblock*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/01**

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, 2001 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 **D** ☐ Delete  
 NAME **KNOBLOCK, HENRY M**  
 STREET ADDRESS **9130 SOUTH DADELAND BLVD STE 1628**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Henry M. Knoblock**  
 STREET ADDRESS **7901 SW 67 Avenue**  
 CITY-ST-ZIP **Miami, Florida 33143 Suite 203**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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:

*Henry M. Knoblock*

**HENRY M KNOBLOCK**

**4/26/01**

**305 669 9655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)