

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057919

1. Entity Name

LAW OFFICE OF JOHN H. THOMAS, P.A.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90097 039 \*\*\*150.00

Principal Place of Business

Mailing Address

80 S.W. 8TH STREET  
 SUITE 2805  
 MIAMI FL 33130

80 S.W. 8TH STREET  
 SUITE 2805  
 MIAMI FL 33130-3047

2. Principal Place of Business

3. Mailing Address

80 S.W. 8th Street

80 S.W. 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2809

Suite 2809

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33130

USA

33130

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-DD52127

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

THOMAS, JOHN H  
 80 S.W. 8TH STREET  
 SUITE 2805  
 MIAMI FL 33130

Name

Street Address (P.O. Box Numbers Not Acceptable)

80 S.W. 8th Street

Suite 2809

City

Miami

FL

Zip Code

33130

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

*John H. Thomas*

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

(NOTE: Registered Agent signature required when reinstating)

5/1/2000

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 D ☐ Delete  
 NAME THOMAS, JOHN H  
 STREET ADDRESS 80 S.W. 8TH STREET, SUITE 2805  
 CITY-ST-ZIP MIAMI FL 33130

TITLE D ☒ Change ☐ Addition  
 NAME Thomas, John H.  
 STREET ADDRESS 80 S.W. 8th Street, Suite 2809  
 CITY-ST-ZIP Miami, FL 33130

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*John H. Thomas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Thomas 5/1/2000 305/810-5408  
 Date Daytime Phone #

CR2E034 (9/99)