

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057919

1. Entity Name
LAW OFFICE OF JOHN H. THOMAS, P.A.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90231 037 ***150.00

0215897 AV

Principal Place of Business Mailing Address
~~80 S.W. 8TH STREET~~ ~~80 S.W. 8TH STREET~~
~~SUITE 2809~~ 3037 SW 4 Ave ~~SUITE 2809~~ 3037 SW 4 Ave
MIAMI FL 33130 Miami, FL 33129 MIAMI FL 33130 Miami, FL 33129

11034306



2. Principal Place of Business 3. Mailing Address
3037 SW 4 Ave 3037 SW 4 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number 65-0052127 Applied For
Miami, FL Miami, FL Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33129 USA 33129 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
THOMAS, JOHN H Name
80 S.W. 8TH STREET Street Address (P.O. Box Number is Not Acceptable)
STE 2809 3037 SW 4 Ave
MIAMI FL 33130 City Miami FL Zip Code 33129

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE John H. Thomas John H. Thomas 4/30/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------------------|--|---|---|--|
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THOMAS, JOHN H | | NAME | | |
| STREET ADDRESS | 80 SW 8TH ST STE 2809 3037 SW 4 Ave | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33130 Miami, FL 33129 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John H. Thomas 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/30/03 Daytime Phone # 305-579-5716

CR2E034 (10/02)