

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070220

1. Entity Name

MICHAEL T. TOMLIN, P.A.

Principal Place of Business

2785 CRYSTAL CT.  
MIAMI FL 33133

Mailing Address

2785 CRYSTAL CT.  
MIAMI FL 33133-3331

2. Principal Place of Business

4770 Biscayne Blvd  
Suite, Apt. #, etc.  
1030

3. Mailing Address

4770 Biscayne Blvd.  
Suite, Apt. #, etc.  
1030

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33137

Country

U.S.A.

Zip

33137

Country

USA

4. FEI Number

65-0944279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOMLIN, MICHAEL T  
2785 CRYSTAL CT.  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Michael T. Tomlin

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

4770 Biscayne Blvd.

City

Miami

FL

Zip Code  
33137

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

Michael T. Tomlin, Michael T. Tomlin

4/28/00

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

TITLE D  
NAME TOMLIN, MICHAEL T  
STREET ADDRESS 2785 CRYSTAL CT.  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500003246165--4  
CITY-ST-ZIP -05/10/00--01016--004  
\*\*\*\*150.00 \*\*\*\*150.00

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

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

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

TITLE ☐ Change ☐ Addition  
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:

Michael T. Tomlin, Michael T. Tomlin 4/28/00 (305) 438-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAY -1 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)