

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083353

1. Entity Name

ADMINISTRATIVE LAW OFFICE, P.A.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90014 018 ***158.75

Principal Place of Business

1109 N 21ST AVE STE 103
HOLLYWOOD FL 33020

Mailing Address

PO BOX 221153
HOLLYWOOD FL 33022-1153

2. Principal Place of Business

2117 Hollywood Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 10

City & State

Hollywood, FL 33020

Zip

33020

Country

USA

Zip

Country

4. FEI Number

65-0957063

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MURPHY, WILLIAM F III
4770 BISCAYNE BLVD STE 930
MIAMI FL 33137

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

City

FL

Zip Code

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

President
Thomas R. Ungleich
1623 No. 29th Avenue
Hollywood, FL 33020

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

Thomas R. Ungleich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Ungleich, 3/16/00

Date

(954)920-1116

Daytime Phone #

CR2E034 (9/99)