

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90139 028 ***158.75

DOCUMENT # P99000083353

1. Entity Name

ADMINISTRATIVE LAW OFFICE, P.A.

Principal Place of Business

Mailing Address

2117 HOLLYWOOD BLVD
 SUITE 107
 HOLLYWOOD FL 33020
 US

PO BOX 22153
 HOLLYWOOD FL 33022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 124

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0957063

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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, 2002 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
 STREET ADDRESS
 CITY-ST-ZIP

P
UNGLEICH, THOMAS R
1623 NO 29TH AVE
HOLLYWOOD FL 33020

☐ Delete

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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

APRIL 7, 2002

Date

(954) 920-1116

Daytime Phone #

CR2E034 (9/01)