

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90225 037 ***150.00

DOCUMENT # P99000110994

1. Entity Name

ASTIGARRAGA DAVIS MULLINS & GROSSMAN, P.A.

Principal Place of Business

1428 BRICKELL AVENUE
SIXTH FLOOR
MIAMI FL 33131

Mailing Address

1428 BRICKELL AVENUE
SIXTH FLOOR
MIAMI FL 33131

2. Principal Place of Business

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

3. Mailing Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0969404

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, EDWARD H JR
1428 BRICKELL AVENUE
SIXTH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

201 S. Biscayne Blvd.
20th Floor

City

Miami

FL

Zip Code

33131

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 user if applicable

EDWARD H. DAVIS, JR.

(Not a Registered Agent signature required when reinstating)

DATE

2/09/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVIS, EDWARD H JR 1428 BRICKELL AVENUE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GROSSMAN, GREGORY S 1428 BRICKELL AVENUE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASTIGARRAGA, JOSE I 1428 BRICKELL AVENUE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLINS, EDWARD M 1428 BRICKELL AVENUE MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 S. Biscayne Blvd., 20th Floor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 S. Biscayne Blvd., 20th Floor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 S. Biscayne Blvd., 20th Floor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Secretary / Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 S. Biscayne Blvd., 20th Floor	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD H. DAVIS, JR.

Date

Daytime Phone #

2/9/01

305-372-8282

0152816

CR2E034 (10/00)