

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # <u>555064</u>	
1. Entity Name <u>MICHAEL M. TOBIN, P.A.</u>	

03 APR -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

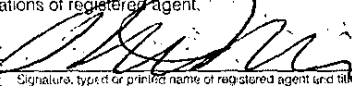
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1099 PONCE DE LEON BLVD.</u>	3. Mailing Address <u>"SAME"</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

REINSTATEMENT 92-03
DO NOT WRITE IN THIS SPACE

City & State <u>CORAL GABLES, FL</u>	City & State	4. FEI Number <u>65-0260051</u>	Applied For ☐ Not Applicable
Zip <u>33154</u>	Country <u>U.S.A.</u>	Zip	Country

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>MICHAEL M. TOBIN</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1099 PONCE DE LEON BLVD.</u>	
	City <u>CORAL GABLES</u>	FL Zip Code <u>33154</u>

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 
(NOTE: Registered Agent signature required when resigning)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>MICHAEL M. TOBIN</u> <u>1099 PONCE DE LEON BLVD.</u> <u>CORAL GABLES, FL 33154</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>800014957488</u> <u>04/01/03--01012--002 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>0</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>800014957488</u> <u>04/01/03--01012--003 **2250.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.
SIGNATURE:  <u>MICHAEL M. TOBIN, PRES.</u> 3/12/03 305-445-5425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)