FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -1 AM 10:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 555064

1. Entity Name

MICHAEL M. TOBIN, P.A.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 92-03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1099 PONCE DE LEON BLVD.	"SAME"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State
Zip: 33154 Country: U.S.A.	Zip Country

4. FEI Number: 65-0260051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL M. TOBIN

Street Address (P.O. Box Number is Not Acceptable): 1099 PONCE DE LEON BLVD

City: CORAL GABLES FL Zip Code: 33154

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MICHAEL M. TOBIN 1099 PONCE DE LEON BLVD. CORAL GABLES, FL 33154
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800014957488 04/01/03--01012--002 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800014957488 04/01/03--01012--003 **2250.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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: _____ MICHAEL M. TOBIN, PRES. 3/12/03 305-445-5425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #