

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69448

1. Entity Name

LAW OFFICES OF MARK M. CARROLL, P.A.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90032 031 ***150.00

Principal Place of Business

Mailing Address

11098 BISCAYNE BLVD.
SUITE 403
MIAMI FL 33161-7486
US

11098 BISCAYNE BLVD.
SUITE 403
MIAMI FL 33161-7491
US

80015820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11098 Biscayne Blvd.

3. Mailing Address

11098 Biscayne Blvd.

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0274634

Applied For

Not Applicable

Zip

Country

33161-7

USA

Zip

Country

33161-7

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, MARK M
11098 BISCAYNE BLVD
STE 403
MIAMI FL 33161-7486

Name

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

11098 Biscayne Boulevard

Suite 204

City
Miami

FL

Zip Code
33161

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 ☐ Delete
NAME D
STREET ADDRESS CARROLL, MARK M
CITY-ST-ZIP 11098 BISCAYNE BLVD., SUITE 403
MIAMI FL 33161-7486

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Carroll, Mark M.
CITY-ST-ZIP 11098 Biscayne Boulevard, #204.
Miami, Florida 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 305-891-0078
Date Daytime Phone #

CR2E034 (9/99)