

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01393

1. Entity Name

MICHAEL H. GORA, P.A.

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90018 033 \*\*\*150.00

Principal Place of Business

2000 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431

Mailing Address

2000 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431

2. Principal Place of Business

1801 N. Military Trail

3. Mailing Address

1801 N. Military Trail

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33431

Country

PBC

Zip

33431

Country

PBC

4. FEI Number 65-3031985

Applied For

Not Applicable

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

HRAWG CORP.

2000 GLADES ROAD

SUITE 400

BOCA RATON FL 33432

Name

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

1801 N. Military Trail

Suite 200

City

Boca Raton

FL

Zip Code

33431

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
GORA, MICHAEL H  
2000 GLADES ROAD, SUITE 400  
BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1801 N. Military Trail  
Suite 200  
Boca Raton FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

Michael H. GORA, Pres. 1-6-01 (56) 394-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)