

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44816

1. Entity Name

LEE GROSS, P.A.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90110 006 ***150.00

Principal Place of Business

Mailing Address

7800 RED ROAD
 #203
 MIAMI FL 33143

7800 RED ROAD
 #203
 MIAMI FL 33145-3449

2. Principal Place of Business

2490 CORAL WAY

3. Mailing Address

2490 CORAL WAY

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

Suite 401

City & State

MIAMI FL 33145

City & State

MIAMI FLORIDA

4. FEI Number

65-0339845

Applied For

Not Applicable

Zip

33145

Country

US

Zip

33145

Country

US

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

GROSS, LEE
 7800 RED ROAD
 #203
 MIAMI FL 33143

Name

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

2490 CORAL WAY

SUITE 401

City

MIAMI

FL

Zip Code

33145

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]

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 P ☒ Delete
 NAME GROSS, LEE HOWARD
 STREET ADDRESS 7800 RED ROAD
 CITY-ST-ZIP MIAMI FL 33143

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

TITLE P ☐ Delete
 NAME LEE GROSS, Howard
 STREET ADDRESS 2490 CORAL WAY
 CITY-ST-ZIP SUITE 401

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

TITLE ☐ Delete
 NAME MIAMI FL 33145
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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

Date

Daytime Phone #

CR2E034 19/99