

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90035 012 \*\*\*150.00

**DOCUMENT # V47818**

1. Entity Name

**BRIAN J. MURPHY P.A.**

Principal Place of Business

**3590 CRYSTAL VIEW CT  
 MIAMI FL 33133  
 US**

Mailing Address

**2716 OAKBROOK MANOR  
 %THOMAS S MURPHY  
 WESTON FL 33332-3429  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**3590 CRYSTAL VIEW CT**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33332**

Country

**DADE**

4. FEI Number

**65-0350094**

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

**MURPHY, THOMAS S.  
 2716 OAKBROOK MANOR  
 WESTON FL 33332**

Name

**BRIAN J. MURPHY MD**

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

**3590 CRYSTAL VIEW CT**

City

**MIAMI**

**FL**

Zip Code

**33133**

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

*Brian J. Murphy*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/28/00**

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHY, BRIAN J M.D.</b>	
STREET ADDRESS	<b>3590 CRYSTAL VIEW CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MURPHY, THOMAS S.</b>	
STREET ADDRESS	<b>2716 OAKBROOK MANOR</b>	
CITY-ST-ZIP	<b>WESTON FL 33332</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Brian J. Murphy*  
**BRIAN J. MURPHY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/00**

DATE

**(305) 243-4491**

DAYTIME PHONE #

CR2E034 (9/99)