

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

V54985

FILED

00 FEB -9 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **HIGHTOWER & RUDD, P.A.**
New World Tower, Suite 2300
100 N. Biscayne Boulevard
Miami, Florida 33132

2. Principal Place of Business

3. Mailing Address

100 N. BISCAYNE BLVD

Suite, Apt. #, etc.

2300

Suite, Apt. #, etc.

2300

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33132

Country

U.S.

Zip

33132

Country

U.S.

4. FEI Number

650333594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALE HIGHTOWER
100 N. BISCAYNE BLVD
SUITE 2300
MIAMI, FL 33132

Name

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

City

FL

Zip Code

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 DALE R. HIGHTOWER

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 PRESIDENT ☐ Delete
NAME DALE R. HIGHTOWER
STREET ADDRESS 100 N. BISCAYNE BLVD
CITY-ST-ZIP MIAMI, FL 33132

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003136714--3
-02/16/00--01010--017
*****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

(205) 539-0909

Daytime Phone #

CR2E034 (9/99)