2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2000 8:00 am Secretary of State DOCUMENT # **P97000044605** 1. Entity Name CORAL GABLES BILLING, INC. 02-22-2000 90060 006 ***150.00 Mailing Address Principal Place of Business 4100 PALMARITO STREET 4100 PALMARITO STREET CORAL GABLES FL 33146-1314 CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0754818 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOTOLONGO, ISELA Street Address (P.O. Box Number is Not Acceptable) 4108 PALMARITO ST CORAL GABLES FL 33146 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Addition TITLE Delete SOTOLONGO, ISELA NAME NAME 4100 PALMARITO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE CORAL GABLES FL 33146 VSD ☐ Change ☐ Addition ☐ Delete THILE TITLE SOTOLONGO, SERGIO D NAME STREET ADDRESS 4100 PALMARITO STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CORAL GABLES FL 33146 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delet∈ ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 attached with alLother like empowered

TITLE:

NAME 💥

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Addition

☐ Change