2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90024 025 ***150.00

DOCUMENT # P98000021432

1. Entity Name

MARIA D DEJESUS, PA

Principal Place of Business	Mailing Address
3328 HOLLAND DRIVE ORLANDO FL 32825	3328 HOLLAND DRIVE ORLANDO FL 32839-4514

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10050 RIVERS POINTE	10050 RIVERS POINTE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: FL ORLANDO
Zip: 32825 Country:	Zip: 32825 Country:

4. FEI Number 59-3497807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEJESUS, MARIA D
3328 HOLLAND DRIVE
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name: MARIA DE JESUS
Street Address (P.O. Box Number is Not Acceptable): 10050 RIVERS POINTE DR
ORLANDO, FL
City FL Zip Code 32825

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 ____________________ 3/14/2000
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	D	☐ Delete	TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	DEJESUS, MARIA D		NAME	MARIA DE JESUS	
STREET ADDRESS	3328 HOLLAND DRIVE		STREET ADDRESS	10050 RIVERS POINTE DR.	
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEJESUS, ROBERTO		NAME		
STREET ADDRESS	3328 HOLLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: ____________________ 3/14/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #