

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031288

1. Entity Name

ISRIEL & ASSOCIATES, P.A.

FILED

Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90047 021 \*\*\*150.00

Principal Place of Business ... Mailing Address  
6300 SW 109 ST 6300 SW 109 ST  
MIAMI FL 33156 MIAMI FL 33156-4056

2. Principal Place of Business 3. Mailing Address  
80 S.W. 8th Street 80 S.W. 8th Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite 1720 Suite 1720

City & State City & State  
Miami, FL Miami, FL

Zip Country Zip Country  
33130 USA 33130 USA

4. FEI Number Applied For  
65-0911751 Not Applicable

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

## 6. Name and Address of Current Registered Agent

ISRIEL, RONALD J  
6300 SW 109 ST  
MIAMI FL 33156

## 7. Name and Address of New Registered Agent

Name Ronald J. Isriel  
Street Address (P.O. Box Number is Not Acceptable)  
80 S.W. 8th Street  
Suite 1720  
City Miami FL Zip Code 33130

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  Ronald J. Isriel 2/1/2000  
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ISRIEL, RONALD J	
STREET ADDRESS	6300 SW 109 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director / President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD J. ISRIEL	
STREET ADDRESS	80 S.W. 8th Street - Suite 1720	
CITY-ST-ZIP	Miami, FL 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  President 2/1/2000 (305) 810-5418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)