

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 599600**

1. Entity Name

**VICIANA & SHAFER, P.A.**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90024 045 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business<br>4206 LAGUNA ST<br>PENTHOUSE 8<br>CORAL GABLES FL 33146<br>US | Mailing Address<br>4206 LAGUNA ST<br>PENTHOUSE 8<br>CORAL GABLES FL 33146-1801<br>US |
|---|--|



DO NOT WRITE IN THIS SPACE

|   |                                       |
|---|---------------------------------------|
| 2. Principal Place of Business<br>4206 Laguna St. | 3. Mailing Address<br>4206 Laguna St. |
| Suite, Apt. #, etc.                               | Suite, Apt. #, etc.                   |

|                                  |                                  |                             |  |
|----------------------------------|----------------------------------|-----------------------------|--|
| City & State<br>Coral Gables, FL | City & State<br>Coral Gables, FL | 4. FEI Number<br>59-2718428 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>33146-1801                | Country<br>USA                   | Zip<br>33146-1801           | Country<br>USA   |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

ENRIQUE, VICIANA, CPA  
 4206 LAGUNA ST  
 PENTHOUSE 8  
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 (DELETE PENTHOUSE 8 FROM THE ADDRESS!)  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>VICIANA, ENRIQUE<br>4206 LAGUNA ST<br>CORAL GABLES FL <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>SHAFER, AIDA<br>4206 LAGUNA ST<br>CORAL GABLES FL <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** Enriquer Vician  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 4-17-00 Daytime Phone: (305) 446-0969

CR2E034 19/99