

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602009

1. Entity Name

ANGELO R. POU, P.A.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90045 035 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2122 LUDLAM RD~~ **MOVED**  
~~MIAMI FL 33155~~  
~~US~~

~~2122 LUDLAM RD~~ **MOVED**  
~~MIAMI FL 33155-1693~~  
~~US~~

A0030966



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7171 CORAL WAY**

3. Mailing Address

**7171 CORAL WAY**

Suite, Apt. #, etc.

**SUITE # 402**

Suite, Apt. #, etc.

**SUITE # 402**

City & State

**MIAMI FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**59-1297526**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

**33155**

Country

**U.S.A.**

Zip

**33155**

Country

**U.S.A.**

6. Name and Address of Current Registered Agent

**ANGELO, R POU**  
**2122 LUDLAM RD**  
**MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

**ANGELO R. POU**

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

**7171 CORAL WAY ; SUITE # 402**

City

**MIAMI**

**FL**

Zip Code

**33155**

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

**Angelo R. Pou (Pres.)**

**3/13/2000**

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 **PSD**  
NAME **POU, ANGELO R**  
STREET ADDRESS **2122 LUDLAM RD** **MOVED**  
CITY-ST-ZIP **MIAMI FL 33155**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**7171 CORAL WAY, SUITE 402**  
**MIAMI, FL. 33155**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

**Angelo R. Pou**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/13/2000 305-262-3520**