

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90158 001 \*\*\*300.00

**DOCUMENT # F55694**

1. Entity Name  
**AGUSTIN DE GOYTISOLO, P. A.**

Principal Place of Business <b>1000 BRICKELL AVE          606          MIAMI FL 33131-3014          US</b>	Mailing Address <b>1000 BRICKELL AVE          606          MIAMI FL 33131-3013          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2143144</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent

**DE GOYTISOLO, AGUSTIN  
 1000 BRICKELL AVE  
 STE. 660  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**A DE GOYTISOLO, P.A. HAS RELOCATED**

Street Address  
**ITS PROFESSIONAL PRACTICE TO  
 1223 SW FOURTH STREET, SUITE 25,  
 MIAMI FL 33135-2407  
 TEL 305.642.3484 EXT 120 FAX 305.642.7463**

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 \_\_\_\_\_ (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.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD GOYTISOLO, AGUSTIN DE 1000 BRICKELL AVE, STE. 660 MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS GOYTISOLO, AGUSTIN GELATS DE 1550 TARAGONA AVENUE CORAL GABLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. **A DE GOYTISOLO, P.A. HAS RELOCATED ITS PROFESSIONAL PRACTICE TO**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1223 SW FOURTH STREET, SUITE 25, MIAMI FL 33135-2407 TEL 305.642.3484 EXT 120 FAX 305.642.7463</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: \_\_\_\_\_ Date: **042700** Daytime Phone #: **341.8855**

CR2E034 (9/99)