

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F55694

1. Entity Name

AGUSTIN DE GOYTISOLO, P. A.

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

05-23-2000 90158 001 ***300.00

Principal Place of Business
 1000 BRICKELL AVE
 606
 MIAMI FL 33131-3014
 US

Mailing Address
 1000 BRICKELL AVE
 606
 MIAMI FL 33131-3013
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2143144**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE GOYTISOLO, AGUSTIN
 1000 BRICKELL AVE
 STE. 600
 MIAMI FL 33133

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. (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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

A DE GOYTISOLO, P.A. HAS RELOCATED
ITS PROFESSIONAL PRACTICE TO
1223 SW FOURTH STREET, SUITE 25,
MIAMI FL 33135-2407
TEL 305.642.3484 EXT 120 FAX 305.642.7463

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

AS
GOYTISOLO, AGUSTIN GELATS DE
1550 TARAGONA AVENUE
CORAL GABLES FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: _____
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/99)