

2000 UNIFORM BUSINESS REPORT (UBR)

0568695

FILED

00 APR 28 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000004661

1. Entity Name

GOLDMAN ANTONETTI & CORDOVA, P.S.C.

Principal Place of Business

Mailing Address

P.O. BOX 70364
SAN JUAN PR 00936-8364

P.O. BOX 70364
SAN JUAN PR 00936-8364

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

66-0230360

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARLOS A. GARCIA PEREZ, ESQ.
1221 BRICKELL AVE.
9TH FL
MIAMI FL 33131

Name
Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable)
417 E. Virginia St.
City
Tallahassee FL Zip Code
32301

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

[Signature]

Weimar Lopez for Capital Connection, Inc. 4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ANTONETTI, VICENTE J
250 MUNOZ RIVERA AVE., STE. 1400
HATO REY, PUERTO RICO 00918 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DE JESUS, FRANCISCO
250 MUNOZ RIVERA AVE., STE. 1400
HATO REY PR 00918 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARTAGENA, EDGAR
250 MUNOZ RIVERA AVE., STE. 1400
HATO REY PR 00918 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003238464-2
-05/03/00--01138--022
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
RODRIGUEZ VIDAL, CARLOS A
250 MUNOZ RIVERA AVE., STE. 1400
HATO REY PR 00918 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOUSS, JORGE
250 MUNOZ RIVERA AVE., STE. 1400
HATO REY PR 00918 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TORRES, FRANCIS
250 MUNOZ RIVERA AVE., STE. 1400
HATO REY PR 00918 ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Rodriguez Vidal

Date

Daytime Phone #

4/28/00

CR2034 (9/99)