

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ^X 601222

1. Entity Name

FRANK AMIGO, P.A.

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

03-23-2000 90014 045 ***150.00

Principal Place of Business

Mailing Address

4601 Sheridan Street, #208
Hollywood, Florida 33021

00043500

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

^X 4601 Sheridan Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#208

City & State

City & State

Hollywood, Florida

4. FEI Number

^X 59-2222437

Applied For

Not Applicable

Zip

Country

Zip

Country

33021

USA

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

Name

Barry Alan Wilen, ^{ESQ}

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

4601 Sheridan Street, #208

Hollywood, Florida 33021

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

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 P&D
NAME
STREET ADDRESS
CITY-ST-ZIP
Ellen Amigo
11020 SW 40th Street
Davie, Florida 33308 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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 partner 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)