

2000 UNIFORM BUSINESS REPORT (UBR)


DOCUMENT # **G66503**

1. Entity Name

MARCELINO J. HUERTA III, P.A.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90034 019 ***150.00

Principal Place of Business 501 E KENNEDY BLVD STE 1220 TAMPA FL 33602		Mailing Address 501 E KENNEDY BLVD STE 1220 TAMPA FL 33602-5200		 DO NOT WRITE IN THIS SPACE
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 59-2349333 <input type="checkbox"/> Applied For Not Applicable
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent HUERTA, MARCELINO J III 501 E KENNEDY BLVD STE 1220 TAMPA FL 33602		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____		
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUERTA, MARCELINO J. III 501 E KENNEDY BLVD STE 1220 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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: *Marcelino J. Huerta III* **SIGNATURE REQUIRED** 1/26/00 8132297623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #