

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G81709

1. Entity Name

KARPEL & COMPANY, P.A.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90029 035 ***150.00

Principal Place of Business

Mailing Address

1000 BRICKELL AVE., STE. 900
MIAMI FL 33131

1000 BRICKELL AVE., STE. 900
MIAMI FL 33131-3047

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

59-2343418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARPEL, MIGUEL

~~1000 BRICKELL AVE., STE. 900~~
~~MIAMI FL 33131~~

5601 Collins Ave Apt #1019
Miami Beach FL 33140

Name

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

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 PD
NAME KARPEL, MIGUEL
STREET ADDRESS ~~1000 BRICKELL AVE., STE. 900~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

5601 Collins Ave #1019
Miami Beach FL 33140

TITLE
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

Daytime Phone #

CR2E034 (9/99)