

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H86541

1. Entity Name

DONALD J. JARET, P.A.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90111 004 ***150.00

Principal Place of Business

Mailing Address

4343 WEST FLAGLER ST
#350
MIAMI FL 33139
US

4343 WEST FLAGLER ST
#350
MIAMI FL 33134-1586
US

2. Principal Place of Business

3. Mailing Address

4960 SW 72nd Ave

4960 SW 72nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

202

City & State

City & State

Miami FL

Miami FL

Zip

Zip

33155

33155

Country

Country

DADE

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2606322

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

JARET, DONALD

4343 WEST FLAGLER ST #350

MIAMI FL 33139

4960 SW 72nd Ave
#202, Miami FL
33155

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

D Jaret D Jaret

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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	DVP	<input type="checkbox"/> Delete
NAME	JARET, DONALD J.	
STREET ADDRESS	4343 WEST FLAGLER ST., #350	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

D Jaret SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 3057403383

CR2E034 (9/99)