

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10287

1. Entity Name

LAW OFFICES OF JOSEPH HENRY FERNANDEZ, P.A.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90075 045 ***550.00

Principal Place of Business

9130 S. DADELAND BLVD.
 SUITE 1701
 MIAMI FL 33156

Mailing Address

9130 S. DADELAND BLVD.
 SUITE 1701
 MIAMI FL 33156

2. Principal Place of Business

2 NE 40th St

3. Mailing Address

2 NE 40th St

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

403

City & State

Miami FL

City & State

Miami FL

Zip

33137

Country

USA

Zip

33137

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0025260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAW OFCS. OF FERNANDEZ, JOSEPH H.
 TWO DATRAN CENTER 9130 S DADELAND BLVD.
 SUITE 1701
 MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

SAME

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

2 NE 40th St

Suite 403

City

Miami

FL

Zip Code

33137

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

8/28/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P
 NAME FERNANDEZ, JOSEPH HENRY
 STREET ADDRESS 8353 S.W. 5TH STREET
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00

805 539 3700
 Daytime Phone #

CR2E034 (5/00)