

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K13869

1. Entity Name

EDUARDO I. RASCO, P.A.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90022 011 ***150.00

Principal Place of Business
2875 NE 191 ST
SUITE 500
AVENTURA FL 33180
US

Mailing Address
2875 NE 191 ST
SUITE 500
AVENTURA FL 33180-2832
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0027347**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RASCO, EDUARDO I
2875 NE 191 ST
SUITE 500
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 | NAME | STREET ADDRESS CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS CITY-ST-ZIP |
| | PSD RASCO, EDUARDO I. | 2875 NE 191 ST SUITE 500 AVENTURA FL | <input type="checkbox"/> Delete | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| | | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change | <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)