

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K19612

1. Entity Name

CORZO CASTELLA CARBALLO THOMPSON SALMAN, P.A.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90066 014 ***158.75

Principal Place of Business

Mailing Address

901 PONCE DE LEON BLVD.
SUITE 900
CORAL GABLES FL 33134

901 PONCE DE LEON BLVD.
SUITE 900
CORAL GABLES FL 33134-3073

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

65-0039493

Applied For

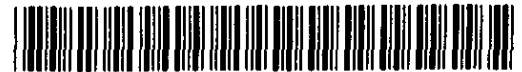
Not Applicable

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

CORZO, JORGE E.
~~1240 SW 19 ST~~ 22 Salamanca Ave.
~~MIAMI FL 33145~~ Coral Gables, FL Apt. 606
33134

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	VD	☐ Delete
NAME	SALMAN, JAVIER F.	
STREET ADDRESS	1534 MANTUA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	☐ Delete
NAME	CASTELLA, RAMON	
STREET ADDRESS	5911 SW 29 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTSD	☐ Delete
NAME	CARBALLO, ROBERT T.	
STREET ADDRESS	10850 SW 63RD ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ Delete
NAME	THOMPSON, LEROY E.	
STREET ADDRESS	5860 S.W. 89TH PL.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ Delete
NAME	CORZO, JORGE E.	
STREET ADDRESS	1240 SW 19 ST 22 Salamanca Ave	
CITY-ST-ZIP	MIAMI FL Coral Gables, FL Apt 606	
TITLE	VD	☐ Delete
NAME	GLUNT, TERRANCE N	
STREET ADDRESS	1456 SE 6TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00 (305) 445-2900

Date

Daytime Phone #

04/18/99