

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51472

1. Entity Name

WILFREDO BORROTO, ARCHITECTS, P.A.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90026 024 ***150.00

Principal Place of Business

260 CRANDON BLVD.

~~SUITE 32-BOX 249~~

KEY BISCAYNE FL 33149

Mailing Address

260 CRANDON BLVD.

~~SUITE 32-BOX 249~~

KEY BISCAYNE FL 33149-1538

A0023327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 49

Suite, Apt. #, etc.

Suite 49

City & State

City & State

4. FEI Number

65-0090419

Applied For

Not Applicable

- Zip

- Country

Zip

Country

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

BORROTO, WILFREDO

260 CRANDON BLVD

~~SUITE 32-BOX 249~~

KEY BISCAYNE FL 33149

Name

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

Suite 49

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

WILFREDO BORROTO

2-9-00

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 BORROTO, WILFREDO
STREET ADDRESS 260 CRANDON BLVD SUITE 32-BOX 249
CITY-ST-ZIP KEY BISCAYNE FL 33149 *49*

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CITY-ST-ZIP

13. I hereby certify that the information supplied in 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILFREDO BORROTO

2-9-00

Date

Daytime Phone #

(305)

361-6181

CR2E034 (9/99)