

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-18-2000 90323 050 ***158.75

DOCUMENT # K99745

1. Entity Name
MIGUEL A. MENDEZ, JR., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business THE HARVEY BLDG., STE 800 224 DATURA STREET WEST PALM BEACH FL 33401-5632 US	Mailing Address THE HARVEY BLDG., STE 800 224 DATURA STREET WEST PALM BEACH FL 33401-5624 US
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0125845	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MENDEZ, MIGUEL A., JR.
 580 VILLAGE BOULEVARD
 SUITE 270
 WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent
 Name: **Miguel A. Mendez, Jr**
 Street Address (P.O. Box Number is Not Acceptable): **224 Datura St, Ste 800**
West Palm Beach FL 33401
 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: **Miguel A. Mendez Jr. President** (NOTE: Registered Agent signature required when reinstating)
 DATE: **4/28/00**

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 \$150.00
After MAY 1, 2000 Fee will be \$350.00
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 DPT	<input type="checkbox"/> Delete
NAME MENDEZ, MIGUEL A., JR.	
STREET ADDRESS 580 VILLAGE BLVD STE 270	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address with all other like empowered.
 SIGNATURE: **Miguel A. Mendez, Jr. President** DATE: **4/28/00** Daytime Phone #: **(561) 366-9577**

C-1 (1/14/99)