

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37537

1. Entity Name

MANUEL M. ARVESU, P.A.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90019 013 ***150.00

Principal Place of Business

2121 PONE DE LEON BLVD
ST 920
CORAL GABLES FL 33134
US

Mailing Address

2121 PONCE DE LEON BLVD
STE 920
CORAL GABLES FL 33134-5218
US

2. Principal Place of Business

201 Alhambra Circle
Suite 502

3. Mailing Address

201 Alhambra Circle
Suite 502

City & State

Coral Gables, FL.
Zip 33134 Country U.S.

City & State

Coral Gables, FL.
Zip 33134 Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0162469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARVESU, MANUEL M.
2121 PONCE DE LEON BLVD
STE 920
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Arvesu, Manuel M.

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

Suite- 502

City Coral Gables

FL

Zip Code 33134

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

2/11/2000

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

TITLE PSD
NAME ARVESU, MANUEL M.
STREET ADDRESS 212 PONCE DE LEON BLVD STE 920
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME ARVESU, Manuel M. ☒ Change ☐ Addition
STREET ADDRESS 201 Alhambra Circle
CITY-ST-ZIP Coral Gables, FL. 33134

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

MANUEL M. ARVESU, P.A. 2/11/2000 305-442-2558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)