

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L52648

1. Entity Name

PAPY, WEISSENBORN, POOLE & VRASPIR, P.A.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90171 016 \*\*\*150.00

Principal Place of Business

3001 PONCE DE LEON  
STE 214  
CORAL GABLES FL 33134  
US

Mailing Address

3001 PONCE DE LEON  
STE 214  
CORAL GABLES FL 33134-6824  
US

2. Principal Place of Business

3001 PONCE DE LEON BLVD  
SUITE 214

3. Mailing Address

3001 PONCE DE LEON BLVD  
SUITE 214

City & State

CORAL GABLES, FL  
Zip 33134 Country U.S.A.

City & State

CORAL GABLES, FL  
Zip 33134 Country U.S.A.

4. FEI Number

65-0229210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAPY, CHARLES C JR  
3001 PONCE DE LEON  
STE 214  
CORAL GABLES FL 33134

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

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

TITLE PTD  
NAME PAPY, CHARLES C. JR.  
STREET ADDRESS 201 ALHAMBRA CIRCLE #502 3001 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL

TITLE VSD  
NAME WEISSENBORN, SHERIDAN K.  
STREET ADDRESS 201 ALHAMBRA CIRCLE #502 3001 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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

03.29.00

Date

Daytime Phone #

(305) 446-5000

CR2E034 (9/99)