

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90168 047 ***150.00

DOCUMENT # L56174

1. Entity Name

MANUEL ESTRADA & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 526924
 MIAMI FL 33152

P.O. BOX 526924
 MIAMI FL 33152-6924

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

65-0225329

Applied For

Not Applicable

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

ESTRADA, MANUEL
220 N.W. 67TH AVE.
MIAMI FL 33126

Name

MANUEL ESTRADA

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

14770 SW 72 TERR

City

MIAMI

FL

Zip Code

33193

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

4/22/00

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 \$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 ☐ Delete
 NAME **P**
 STREET ADDRESS **ESTRADA, MANUEL G.**
 CITY-ST-ZIP **302 LAKE SHORE DR.**
MANDEVILLE LA

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

TITLE ☐ Delete
 NAME **TDS**
 STREET ADDRESS **ESTRADA, ERLINDA**
 CITY-ST-ZIP **220 N.W. 67 AVE**
MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME **TREASURER**
 STREET ADDRESS **ERLINDA ESTRADA**
 CITY-ST-ZIP **14770 SW 72 TER**
MIAMI FL 33193

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ESTRADA, MANUEL**
 CITY-ST-ZIP **220 N.W. 67 AVE.**
MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **14770 SW 72 TERR**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **IRIS M. MENDEZ**
 CITY-ST-ZIP **6430 S.W. 105 CT.**
MIAMI FL 33173

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **DOMINGO E. MENDEZ**
 CITY-ST-ZIP **6430 SW 105 CT**
MIAMI FL 33173

TITLE ☐ Delete
 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

4/26/00

Date

Daytime Phone #

(305) 885-5556