

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56613

1. Entity Name

CELIA REYES, P.A.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90001 035 \*\*\*550.00

Principal Place of Business

2001 NE 48 CT #2  
FT LAUDERDALE FL 33308  
US

Mailing Address

P.O. BOX 5736  
LIGHT HOUSE PT FL 33074  
US

2. Principal Place of Business

1930 NE 47th St  
Suite, Apt. #, etc.  
308

3. Mailing Address

P.O. BOX 5736  
Suite, Apt. #, etc.  
Light house pt

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33308

Country

FL

Zip

33074

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0176854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

REYES, CELIA  
2001 NE 48 CT #2  
SUITE 307  
FT. LAUDERDALE FL 33308

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

*Celia Reyes*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME REYES, CELIA  
STREET ADDRESS 2001 NE 48 CT #2  
CITY-ST-ZIP FT. LAUDERDALE FL ☒ Delete

TITLE ST  
NAME REYES, CELIA  
STREET ADDRESS 2001 NE 48 CT #2  
CITY-ST-ZIP FT. LAUDERDALE FL ☒ 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  
NAME REYES CELIA  
STREET ADDRESS 1930 NE 47th St. Suite 308  
CITY-ST-ZIP Ft. Lauderdale FL ☒ 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

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:

*SIGCELR/REQUIRE CELIA REYES*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/10/00

Daytime Phone #

954 4935-0000

CR2E034 (5/00)