



# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90068 041 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <u>L 77521</u>			
<b>1. Entity Name</b> <u>Albert Tano, P.A.</u>			
<b>Principal Place of Business</b> <u>5955 Ponce de Leon Blvd</u> <u>Coral Gables FL 33146</u>		<b>Mailing Address</b> <u>5955 Ponce de Leon Blvd</u> <u>Coral Gables FL 33146</u>	
<b>2. Principal Place of Business</b> <u>5955 Ponce de Leon Blvd</u> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> <u>5955 Ponce de Leon Blvd</u> <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> <u>Coral Gables FL</u>	<b>City &amp; State</b> <u>Coral Gables FL</u>	<b>4. FEI Number</b> <u>65-0071150</u>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> <u>33146</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> <u>33146</u>	<b>Country</b> <u>USA</u>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <u>James B Davis</u> <u>350 E. Las Olas Blvd #1000</u> <u>Ft. Lauderdale FL 33301</u>		<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <u>Vincent Chen</u> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>5955 Ponce de Leon Blvd</u> <b>City</b> <u>Coral Gables</u> <b>FL</b> <u>33146</u>	
<b>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.</b>			
<b>SIGNATURE</b>  <u>Vincent Chen</u>		<u>5/1/00</u>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. Director, President, Secretary, Treasurer</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <u>DRPst</u>	<b>NAME</b> <u>Albert Tano</u> <input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b> <u>5955 Ponce de Leon Blvd</u>	<b>CITY - ST - ZIP</b> <u>Coral Gables FL 33146</u>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b>	<input type="checkbox"/> <b>Delete</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b>	<input type="checkbox"/> <b>Delete</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
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<b>STREET ADDRESS</b>	<input type="checkbox"/> <b>Delete</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>CITY - ST - ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<b>NAME</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>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 807, 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.</b>			
<b>SIGNATURE:</b> 		<u>5/1/00</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2E034 (9/99)