

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90029 009 ***150.00

DOCUMENT # M18288

1. Entity Name
MANNY G. SOTO, C.P.A., P.A.

Principal Place of Business

3850 SW 87 AVE
 SUITE 305
 MIAMI, FL 33165
 US

Mailing Address

3850 SW 87 AVE
 SUITE 305
 MIAMI FL 33165-5474
 US

00037485



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2718359**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required ?

6. Name and Address of Current Registered Agent

SOTO, MANNY G
3850 SW 87 AVENUE, SUITE 305
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name **SOTO MANNY G**
 Street Address (P.O. Box Number is Not Acceptable)
4260 - SW - 149 - COURT
 City **MIAMI - FLA - FL** Zip Code **33185**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to that in the State of Florida

SIGNATURE *[Signature]* DATE **4/16/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	SOTO, MANNY	3850 SW 87 AVENUE	MIAMI FL 33165	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MIRTA SORDO SOTO	4260 - SW - 149 COURT	MIAMI - FLA - 33165 (TREASURER)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 the hand of 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 on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/15/2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MANNY G SOTO**
 (305) 227-2482
 FAX - 225-8502

CR2E034 (9/99)