

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M29137

1. Entity Name

MAITTE R. NETSCH, P.A.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90089 045 \*\*\*150.00

Principal Place of Business

Mailing Address

782 N.W. LEJUNE RD.  
 SUITE 330  
 MIAMI FL 33126  
 US

782 N.W. LEJUNE RD.  
 SUITE 330  
 MIAMI FL 33126  
 US

2. Principal Place of Business

3. Mailing Address

235 S.W. Lejeune Rd.  
 Suite, Apt. #, etc.  
 Miami, FL  
 City & State  
 33134  
 Zip  
 Country  
 Miami-Dade

235 S.W. Lejeune Rd.  
 Suite, Apt. #, etc.  
 Miami, FL  
 City & State  
 33134  
 Zip  
 Country  
 Miami-Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2655887

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

NETSCH, MAITTE R.  
 782 N.W. LEJUNE RD.  
 SUITE 330  
 MIAMI FL 33126

Name SAME  
 Street Address (P.O. Box Number is Not Acceptable)  
 235 S.W. Lejeune Road  
 City Miami, Fla. 33134 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 Maitte R. Netsch Maitte R. Netsch 4/24/00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NETSCH, MAITTE R. 1001 S.BAYSHORE DR, #2410 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NETSCH, MAITTE R. 235 S.W. Lejeune Rd. Miami, Florida 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Maitte R. Netsch Pres. X 4/24/00 (305) 447-1617  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)