

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M46278

i. Entity Name

YADIRA CLEMENTINA MOREL, P.A.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90081 002 ***150.00

Principal Place of Business	Mailing Address
YADIRA CLEMENTINA MOREL NW 42 AVE #521 FL 33126	C/O YADIRA CLEMENTINA MOREL 780 NW 42 AVE #521 MIAMI FL 33126-5538 US

647723



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
82 N.W. 42nd Avenue	782 N.W. 42nd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
30	530

City & State	City & State
Miami, Florida	Miami, Florida
Zip	Zip
33126	33126
Country	Country
U.S.A.	U.S.A.

4. FEI Number	59-2772164	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MOREL, YADIRA C 780 N.W. 42ND AVE., SUITE 521 MIAMI FL 33126

7. Name and Address of New Registered Agent
Name YADIRA C. MOREL
Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42nd Avenue
Suite 530
City Miami, FL Zip Code 33126

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	D <input type="checkbox"/> Delete
NAME	MOREL, YADIRA CLEMENTINA
STREET ADDRESS	780 NW 42 AVE #521
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREL, YADIRA CLEMENTINA
STREET ADDRESS	782 N.W. 42nd Avenue, Suite 530
CITY-ST-ZIP	Miami, FL 33126
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 ILLS empowered.

SIGNATURE: YADIRA CLEMENTINA MOREL 04-20-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/99)

(305) 448-0012