

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90029 013 ***150.00

659388

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000071804**1. Entity Name**

South Florida Bankruptcy Center, P.A.

Principal Place of Business**Mailing Address****2. Principal Place of Business**

1840 W 49th ST

3. Mailing Address

1840 W 49th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 100

Suite # 100

City & State

Hialeah, Florida

City & State

Hialeah, Florida

4. FEI Number

65-1024027

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

Zip

Country

33012

Zip

Country

33012

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

Attys At Law Joseph M. Corey, JR., P.A.

1840 W 49th ST Suite # 100

Hialeah, Florida 33012

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**

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, 2001 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
	Corey, Joseph M. JR.	1840 W 49th ST Suite # 100	Hialeah, Florida 33012

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Hernandez, Alexander	1840 W 49th ST Suite # 100	Hialeah, Florida 33012

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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)