

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000040087**

1. Entity Name
CARLOS A. VELASQUEZ, P.A.



Principal Place of Business
**200 SOUTHEAST 9TH STREET
FT. LAUDERDALE FL 33316**

Mailing Address
**200 SOUTHEAST 9TH STREET
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

01-0644095

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **VELASQUEZ, CARLOS A**
STREET ADDRESS **200 SOUTHEAST 9TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

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Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03

Date

Daytime Phone #

0347712 AV

**FILED
Jul 18, 2003 8:00 am
Secretary of State**

07-18-2003 90078 036 ***150.00

90144564



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment
PLATZER & COMPANY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

600 N. PINE ISLAND ROAD, SUITE 165
PLANTATION, FLORIDA 33324
TELEPHONE (954) 424-8300
FACSIMILE (954) 424-2486
EMAIL bill@platzercpa.com

90144564

MEMBERS:
AMERICAN AND FLORIDA
INSTITUTES OF
CERTIFIED PUBLIC ACCOUNTANTS

July 16, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Carlos A. Velasquez, RA.
DOC #P02000040087

Gentlemen:

The above referenced corporation is requesting that you waive the \$400 late filing penalty on his 2003 Uniform Business Report. The corporate address is shared with other legal offices, and it was only after receiving your second notice that the owner realized his specific office did not receive the original UBR.

In addition, this is the initial year of the corporation, and the owner was not familiar with the annual filing. Enclosed is the UBR report with payment in the amount of \$150.00. Should you need any other information that might assist you, please do not hesitate to call our office directly. Thank you for your assistance in this matter.

Sincerely,



Stephen Kraft, CPA