

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

DOCUMENT # *P02000071239*

1. Entity Name

RAFAEL GONZALEZ, PA

FILED

03 MAY -6 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6600 TAFT STREET

Suite, Apt. #, etc.

307

City & State

HOLLYWOOD FL

Zip

33024

Country

3. Mailing Address

6600 TAFT STREET

Suite, Apt. #, etc.

307

City & State

HOLLYWOOD FL

Zip

33024

Country

4. FEI Number

65-1142569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

03

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RAFAEL GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

6600 TAFT STREET, SUITE 307

City

HOLLYWOOD

FL

Zip Code

33024

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

5/1/03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P D

GONZALEZ, RAFAEL

6600 TAFT STREET, #307

HOLLYWOOD FL 33024

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

200018300982

*05/06/03--01085--002 **150.00*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

5/1/03

954-961-5100

CR2E034B (12/01)