

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2,004

09-14-2004 90001026 ***150.00
P03000029160

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54072875

DOCUMENT #	P03000029160
1. Entity Name	
JOSE ALEJANDRO IDONE, P.A.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
320 88th STREET		320 88th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
SURFSIDE, FL		SURFSIDE, FL	
Zip	Country	Zip	Country
33154		33154	

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
86-1052431		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name	
JOSE ALEJANDRO IDONE	
Street Address (P.O. Box Number is Not Acceptable)	
320 88th STREET	
City	Zip Code
SURFSIDE	FL 33154

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 Jose Alejandro Idone JOSE ALEJANDRO IDONE 9/1/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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.	
TITLE	PRESIDENT	TITLE	
NAME	JOSE ALEJANDRO IDONE	NAME	
STREET ADDRESS	320 88th STREET	STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE: Jose Alejandro Idone JOSE ALEJANDRO IDONE 9/1/2004 (305) 491-0290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

P03000029160

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JOSE ALEJANDRO IDONE, P.A.

320 88TH STREET
SURFSIDE, FL 33154
DOCUMENT # P03000029160

SEPTEMBER 01, 2004

Division of Corporations
Uniform Business Report Office
P.O. Box 6198

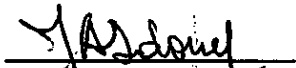
Dear Sir or Madam:

Please note that the Corporation moved to another address at the beginning of Year 2004.

Unfortunately, during the moving most of the Company's papers were lost, and others misplaced by the movers including the letter to renew my P.A. I am very sorry for my tardiness but today I am sending you a check in the amount of \$ 150.00 along with the 2004 UBR form filled and signed to renew my Corporation.

Thanks for your immediate attention to this matter.

Sincerely,


Jose Alejandro Idone
President

Enclosure.