


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90006 026 ***150.00

DOCUMENT # P04000043709		
1. Entity Name VICTOR TUATY, P.A.		

Principal Place of Business 11534 SW 101 TERRACE MIAMI, FL 33176	Mailing Address 11534 SW 101 TERRACE MIAMI, FL 33176
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50058375



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07152005 Chg-P CR2E034 (10/03)

4. FEI Number - TAX ID # 200829641	Applied For <input type="checkbox"/> Not Applicable
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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	
TUATY, VICTOR 11534 SW 101 TERRACE MIAMI, FL 33176	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUATY, VICTOR 11534 SW 101 TERRACE MAIMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/05

Date

305-2163973

Daytime Phone #



ATTACHMENT

50058375

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 15, 2005

VICTOR TUATY, P.A.
11534 SW 101 TERRACE
MIAMI, FL 33176

SUBJECT: VICTOR TUATY, P.A.
Ref. Number: P04000043709

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 205A00046756



ATTACHMENT
50058375
Division of Corporations

Annual Report

Annual Report Help

Document Number
P04000043709
Business Entity Name
VICTOR TUATY, P.A.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of BusinessAddress **11534 SW 101 TERRACE**

Suite, Apt. #, etc.

City, State **MIAMI**, FLZip Code & Country **33176****Mailing Address**Address **11534 SW 101 TERRACE**

Suite, Apt. #, etc.

City, State **MIAMI**, FLZip Code & Country **33176****Name And Address of Registered Agent**Name (Last, First, Middle, Title) **TUATY**, **VICTOR**

-or- RA Business Name

Address (PO Box is not acceptable) **11534 SW 101 TERRACE**

Suite, Apt. #, etc.

City, State **MIAMI**, FLZip Code & Country **33176** US

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT

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984600045709

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

[Handwritten Signature]

Officer/Director Name And Address

Title P
Name (Last, First, Middle, Title) TUATY, VICTOR
-or- Entity Name
Street Address 11534 SW 101 TERRACE
City, State MAIMI, FL
Zip Code & Country 33176

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

ATTACHMENT

P0400004309

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PA
Victor Tuaty V. Tuaty

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

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