

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90171 045 ***150.00

DOCUMENT # P93000005062

1. Entity Name

JOSE M. SOSA, ATTORNEY AT LAW, P.A.

Principal Place of Business

Mailing Address

~~1002 ADEY RD~~ **1427 S. Congress Ave**
WEST PALM BEACH FL 33406

P.O. BOX 1225
 WEST PALM BEACH FL 33402-1225
 US

00004600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1427 S. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

West Palm Bch

Zip

Country

Zip

Country

33406

P.B.

4. FEI Number

65-0382738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOSA, JOSE M

12-0 DIXIE HWY 1427 S. Congress Ave

SUITE 204

Suite B

LAKE WORTH FL 33460 West Palm Beach FL 33406

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, 2000 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SOSA, JOSE M**
 CITY-ST-ZIP **2227 VERNON ST**
LAKE WORTH FL 33460

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00

561-432-7466

CR2E034 (9/99)