

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P93000032444

1. Entity Name

MARIA I. CASABLANCA, PROFESSIONAL ASSOCIATION

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FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

444 BRICKELL AVENUE  
SUITE 616  
MIAMI FL 33131  
US

Mailing Address

444 BRICKELL AVENUE  
SUITE 616  
MIAMI FL 33131  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0414175

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

CASABLANCA, MARIA I-  
444 BRICKELL AVE #616  
MIAMI FL 33131

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO  
CASABLANCA, MARIA I  
444 BRICKELL AVE #616  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003367954--4  
-08/23/00--01006--011  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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

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

7-26-00

Date

3055774220

Daytime Phone #

CR2E034 (5/00)

Maria I. Casablanca, P.A.  
Rivergate Plaza, Suite 616  
444 Brickell Avenue  
Miami, FL 33134

Attachment 282  
DOS # P93000032444  
DW 7712

07/27/2000

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

According to my records, on April 20, the 2000 Uniform Business report was mailed to your office. I have enclosed a copy of the form and the check. I have contacted my bank and the check has not been cashed. As a good will gesture I am enclosing another payment for \$150 and only ask that you abate any additional filling fees or penalties.

Sincerely,

  
Maria I. Casablanca, P.A.