

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90970 017 \*\*\*150.00

DOCUMENT # P93000081563

1. Entity Name  
**LIZETTE REBOREDO, P.A.**

Principal Place of Business	Mailing Address
701 BRICKELL AVE STE 2080 MIAMI FL 33131	2831 SW 128 AVE MIAMI FL 33175-2005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2831 S.W. 128 Avenue</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, Florida</b>		City & State	
Zip <b>33175</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>65-0452893</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>REBOREDO, LIZETTE</b> 701 BRICKELL AVE #2080 MIAMI FL 33131		Name <b>Same</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2831 SW 128 Avenue</b>	
		City <b>Miami</b> FL Zip Code <b>33175</b>	

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: *Lizette Rebedo* **President** DATE: **4-26-2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>DP</b>	<input type="checkbox"/> Delete	TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REBOREDO, LIZETTE</b>		NAME <b>LIZETTE REBOREDO</b>	
STREET ADDRESS <b>701 BRICKELL AVE, STE 2080</b>		STREET ADDRESS <b>2831 S.W. 128 AVENUE</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		CITY-ST-ZIP <b>MIAMI, FL 33175</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Lizette Rebedo* **LIZETTE REBOREDO** DATE: **4/26/2000** DAYTIME PHONE: **305-281-0634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)