

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2000 8:00 am**
Secretary of State

03-27-2000 90065 037 ***150.00

B0045714

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000036167*Name changed to*

1. Entity Name

ANTONIO RALPH PEREZ, C.P.A., P.A.*Antonio Ralph CP*

Principal Place of Business

Mailing Address

~~7850 NW 146TH ST~~
~~STE 516~~
~~MIAMI LAKES FL 33016~~
~~US~~~~7850 NW 146TH ST~~
~~STE 516~~
~~MIAMI LAKE S 33016-1522~~
~~US~~

2. Principal Place of Business

3. Mailing Address

17455 NW 86 AVE
Suite, Apt. #, etc.**17455 NW 86 AVE**
Suite, Apt. #, etc.City & State
Hialeah, FloridaCity & State
Hialeah, Florida

4. FEI Number

65-0498874

Applied For

Not Applicable

Zip
33015Country
USAZip
33015Country
USA5. 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

PEREZ, ANTONIO R
17455 NW 86 AVE
MIAMI FL 33015

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 State10. 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	P	<input type="checkbox"/> Delete
NAME	PEREZ, ANTONIO R	
STREET ADDRESS	17455 NW 86TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, KATHY	
STREET ADDRESS	17455 NW 86TH AVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Antonio Ralph Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/21/2000** **305-820-8212**
Date Daytime Phone #