

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054567

1. Entity Name

BUSTO & JENNINGS PROFESSIONAL ASSOCIATION

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90175 050 ***150.00

Principal Place of Business 370 MINORCA AVE. STE. 11 CORAL GABLES FL 33134 US	Mailing Address 370 MINORCA AVE. STE. 11 CORAL GABLES FL 33134-4311 US
---	--

2. Principal Place of Business 370 Minorca Avenue Suite, Apt. #, etc. Suite 15	3. Mailing Address 370 Minorca Avenue Suite, Apt. #, etc. Suite 15
---	---

City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip 33134	Zip 33134
Country U.S.A.	Country U.S.A.

4. FEI Number 65-0516730	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent BUSTO, MERCEDES 370 MINORCA AVE. STE. 11 CORAL GABLES FL 33134
--

7. Name and Address of New Registered Agent Name Busto, Mercedes Street Address (P.O. Box Number is Not Acceptable) 370 Minorca Avenue Suite 15 City Coral Gables, Florida FL Zip Code 33134

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 *Mercedes Busto* DATE 1/13/00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PSTD BUSTO, MERCEDES 370 MINORCA AVE., STE. 11 CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D JENNINGS, WILLIAM G III 370 MINORCA AVENUE SUITE 11 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 370 Minorca Avenue, Suite 15 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 370 Minorca Avenue, Suite 15 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mercedes Busto* DATE 1/13/00 (305) 443-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR