2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90014 008 ***150.00

DOCUMENT # P95000007472

1. Entity Name

HILDA M. PORRO, P.A.

Principal Place of Business	Mailing Address
12769 W. FOREST HILL BOULEVARD SUITE E WELLINGTON FL 33414 US	12769 W. FOREST HILL BOULEVARD SUITE E WELLINGTON FL 33414-4760 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12773 W. Forest Hill Blvd.	12773 W. Forest Hill Blvd.
Suite, Apt. #, etc.: Suite 1201	Suite, Apt. #, etc.: Suite 1201
City & State: Wellington, FL 33414	City & State: Wellington, FL 33414
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number 59-1004604 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

PORRO, HILDA M
12769 W FOREST HILL BLVD
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name: Hilda M. Porro
Street Address (P.O. Box Number is Not Acceptable): 12773 W. Forest Hill Blvd.
Suite 1201
City: Wellington FL Zip Code 33414

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] Hilda M. Porro - President 01/13/00
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 NAME STREET ADDRESS CITY-ST-ZIP	D PORRO, HILDA M 12769 W FOREST HILL BLVD, SUITE E WELLINGTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Porro, Hilda M. 12773 W. Forest Hill Blvd., Ste. 1201 Wellington, FL 33414	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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)(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] 1-21-00 561-798 3994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #