

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035922

1. Entity Name

JUAN CARLOS NARANJO, P.A.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90015 006 ***150.00

Principal Place of Business

Mailing Address

~~8300 SW 8 STREET~~
~~#108~~
~~MIAMI FL 33144~~
~~US~~

~~400 SW 123 AVENUE~~
~~MIAMI FL 33184-1530~~
~~US~~

2. Principal Place of Business

6285 SW 40 ST.

3. Mailing Address

5274 NW 114 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0577959

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33178

Country

USA

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

AL-NARANJO, MARIA L

~~8300 SW 8 STREET~~

~~#304~~

MIAMI FL 33144

Name

MARIA L. ALO-NARANJO

Street Address (P.O. Box Number is Not Acceptable)

9352 SW 56 ST.

City

MIAMI

FL

Zip Code

33165

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 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 ☐ Delete
NAME D
STREET ADDRESS NARANJO, JUAN C
CITY-ST-ZIP ~~400 SW 123 AVE~~ 5274 NW 114 AVE
~~MIAMI FL 33184~~ #104 MIAMI FL 33178

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUAN CARLOS NARANJO 3/7/00 305-5254800

CR2E034 (9/99)