

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90175 045 ***150.00

DOCUMENT # P95000035922

1. Entity Name

JUAN CARLOS NARANJO, P.A.

Principal Place of Business

Mailing Address

~~6205 SW 40TH ST~~

~~5274 NW 114TH AVE~~

~~MIAMI FL 33155~~

~~#104~~

~~US~~

~~MIAMI FL 33178~~

~~US~~

2. Principal Place of Business

8010 MIAMILAKES DR.

3. Mailing Address

8318 DUNDEE TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMILAKES, FL

City & State

MIAMILAKES, FL

4. FEI Number 65-0577959

Applied For

Not Applicable

Zip

Country

33016

USA

Zip

Country

33016

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

~~9352 SW 56TH ST~~

~~MIAMI FL 33185~~

Name

MARIA L. ALD-NARANTO

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

6267 SW 40 STREET

City

MIAMI

FL

Zip Code

33155

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, 2001 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 ~~5274 NW 114 AVE~~ 8318 DUNDEE TER
~~MIAMI FL 33178~~ MIAMILAKES, FL 33016

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 C. NARANJO 02/05/01 305 5254800

CR2E034 (10/00)