

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90054 013 \*\*\*150.00

**DOCUMENT # P95000040480**

1. Entity Name  
**CARMEN J. ACEVEDO, PA**

Principal Place of Business

22800 S.W. 187TH AVE.  
 MIAMI FL 33170  
 US

Mailing Address

22800 S.W. 187TH AVE.  
 MIAMI FL 33170  
 US

2. Principal Place of Business

15321 So. Dixie Highway  
 Suite, Apt. #, etc.  
 206

3. Mailing Address

P.O. Box 700831  
 Suite, Apt. #, etc.  
 Miami

City & State

Miami, FL

City & State

FL

Zip

33157

Country

USA

Zip

33170

Country

USA

4. FEI Number **65-0584142**

Applied For

Not Applicable

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

ACEVEDO, CARMEN  
 22800 SW 187 AVENUE  
 MIAMI FL 33170

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 *Carmen J. Acevedo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/01  
 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	PD	<input type="checkbox"/> Delete
NAME	ACEVEDO, CARMEN	
STREET ADDRESS	22800 S.W. 187TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Carmen J. Acevedo* CARMEN J. Acevedo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/01

CR2E034 (10/00)