

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022999

1. Entity Name
MARY C. GOMEZ, P.A.

R

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90031 043 ***150.00

Principal Place of Business
419 WEST 49TH STREET, SUITE 219
HIALEAH FL 33012
US

Mailing Address
419 W 49 ST
STE #219
HIALEAH FL 33012
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0650978** *wrong* 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

GOMEZ, MARY C
419 WEST 49TH STREET, SUITE 219
HIALEAH FL 33012

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **7/27/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 GOMEZ, MARY C 419 WEST 49TH STREET, SUITE 219 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/27/00** Daytime Phone # **(305) 556-6820**

CR2E034 (5/00)



GOMEZ & GONZALEZ, ATTORNEYS AT LAW

Attachment
DH# 096000022999
DUU76368

REPLY TO:

- ☒ HIALEAH OFFICE
☐ MIRAMAR OFFICE

MARY C. GOMEZ, ESQ.
ELVIRA M. GONZALEZ, ESQ.

July 28, 2000

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2000 Annual Report
Mary C. Gomez, P.A.
DOC #: P96000022999
ID# : 650654426

To Whom It May Concern:

We have just received the attached 2000 Annual Report to be filed for the above mentioned corporation. This is the first notice that we have received. Enclosed please find a check for \$150.00 and we will greatly appreciate if the late filing fee is abated.

Please update your records so that the Corporation will not be administratively dissolved. Additionally, please correct the FEI Number as it appears on the report as it is incorrect. The correct number is 65-0654426. If you need any further information please do not hesitate to contact the undersigned at the Hialeah office.

Sincerely yours,

MARY C. GOMEZ, President