

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025770

1. Entity Name

RAYMOND R. BEITRA, P.A.

FILED

Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90186 050 \*\*\*150.00

Principal Place of Business

Mailing Address

1840 W 49 ST  
STE 100  
HIALEAH FL 33012  
US

1840 W 49 ST  
STE 100  
HIALEAH FL 33012-3601  
US

2. Principal Place of Business

551 West 51 place

3. Mailing Address

551 West 51 place

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

Hialeah FL.

City & State

Hialeah FL.

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0657824

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

BEITRA, RAYMOND R  
1840 W 49 ST STE 100  
HIALEAH FL 33012

Name

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

551 West 51 place

#306

City

Hialeah

FL

Zip Code

33012

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, type 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	D	<input checked="" type="checkbox"/> Delete
NAME	BEITRA, RAYMOND R	
STREET ADDRESS	2122 SW 67 AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond R. Beitra	
STREET ADDRESS	551 West 51 place #306	
CITY-ST-ZIP	Hialeah, FL. 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-2000 (205) 557-20-