

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048417

1. Entity Name

NACOA OF FLORIDA, INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90858 028 \*\*\*150.00

Principal Place of Business

9551 FOUNTAINBLEU BLVD.  
STE 517  
MIAMI FL 33172

Mailing Address

9551 FOUNTAINBLEU BLVD.  
STE 517  
MIAMI FL 33172-6800

2. Principal Place of Business

9551 FOUNTAINBLEU BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 517

Suite, Apt. #, etc.

City & State  
MIAMI

City & State

FL

4. FEI Number

65-0677978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELL, WILLIAM G  
5200 BLUE LAGOON DRIVE  
STE 430  
MIAMI FL 33126

7. Name and Address of New Registered Agent

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BELL, WILLIAM G  
5200 BLUE LAGOON DRIVE  
MIAMI FL 33126

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DA SILVA, SALVADOR  
9551 FOUNTAINBLEU BLVD.  
MIAMI FL 33172

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PUENTE, PATRICK  
9551 FOUNTAINBLEU BLVD.  
MIAMI FL 33172

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PUENTE PATRICIO  
9551 FOUNTAINBLEU BLVD 517  
MIAMI - FL 33172

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000 / 305-221-6780

Date

Daytime Phone #

CR2E034 (9/99)