## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000053330** May 26, 2000 8:00 am Secretary of State CLOSING ADMINISTRATION CONSULTANTS, INC. 05-26-2000 90037 029 \*\*\*150.00 Mailing Address Principal Place of Business 206 PONCE DE LEON BOULEVARD 206 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134-1832 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State · · · 65-0678985 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARCIA LAST NAME <del>Carvajal</del>, julissa m CAANDED Street Address (P.O. Box Number is Not Acceptable) 206 PONCE DE LEON BOULEVARD OULY -**CORAL GABLES FL 33134** ETT EDUM Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. SIGNATURE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition DI ARCIA TITLE ☐ Delete TITLE <del>carvajal</del>. Julissa m NAME NAME STREET ADDRESS 206 PONCE DE LEON BOULEVARD STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33134** CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP

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

5/1/00 (305) 446357

UHaoppuit 18379

IN THE SIRCUIT COURT OF THE 1179 LOWS PROBLEM CIRCUIT IN AND FOR #19 LOWS BADE COUNTY, FLORIDA 33

FINAL ORDER AS TO ALL

IN RE: The matter of JULISSA MARICELA CARVAJAL, Petitioner

**FAMILY DIVISION** 

CASE NO. 98-208 2-1604

OCT 29 1990 HARVEY RUVIN

FINAL JUDGMENT GRANTING
PETITION FOR NAME CHANGE

This action was heard on the petition of JULISSA MARICEL

CARVAJAL for a change of name. On the evidence presented:

IT IS ADJUDGED that the name of Petitioner is changed from

JULISSA MARICELA CARVAJAL to JULISSA MARICELA GARCIA.

ORDERED at Miami, Florida, on the 29th day of October, 1998.

SANDY KARLAN

-Circuit Court/Judge

JUDGE SANDY KARLAN

Copies furnished to:

Manuel M. Arvesu, Esq. Julissa M. Garcia

STATE OF FLORIDA, COUNTY OF DADE

HEREBY CERTIFY that the foregoing is a true and correct capy of the ignar on title in this office.

MANVEY RUVIN, CLERK, of Circuit and Count, Lours

Deputy Clark

