

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001466

1. Entity Name

LISA B. CICERO, P.A.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90199 032 ***150.00

Principal Place of Business

Mailing Address

777 BRICKELL AVE. STE 950
MIAMI FL 33131

777 BRICKELL AVE. STE 950
MIAMI FL 33131-2811

2. Principal Place of Business

150 ALHAMBRA CIRCLE

3. Mailing Address

150 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 1270

Suite, Apt. #, etc.

SUITE 1270

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FLORIDA

4. FEI Number

65-0716142

Applied For

Not Applicable

Zip

Country

33134

USA

Zip

Country

33134

USA

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

CICERO, LISA B
777 BRICKELL AVE. STE 950
MIAMI FL 33131

Name

LISA B. CICERO

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

150 ALHAMBRA CIRCLE

SUITE 1270

City

CORAL GABLES,

FL

Zip Code
33134

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

LISA B. CICERO LISA B. CICERO 3/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CICERO, LISA B
CITY-ST-ZIP 777 BRICKELL AVE. STE 950
MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

LISA B. CICERO LISA B. CICERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

305 445 6600

Daytime Phone #

CR2E034 (9/99)