## > 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700003937 FILED SELECTARY OF STATE STISION OF CORPORATIONS 1. Entity Name EMILY I. CORRADINO, P.A. 00 SEP 25 AM 10: 13 Principal Place of Business Mailing Address 6229 OLD COURT ROAD 6229 OLD COURT ROAD **APT 106 APT 106 BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0724474 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORRADINO, EMILY I Street Address (P.O. Box Number is Not Acceptable) **6229 OLD COURT ROAD APT 106 BOCA RATON FL 33433** City Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. **DPVS** TITLE ☐ Delete TITLE **EMILY I. CORRADINO** NAME NAME 6224 OLD COURT RD., APT #106 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>200003416237--3</del> -10/06/00--01021gage-023 Addition TITLE ☐ Delete TITLE NAME \*\*\*\*150.00 \*\*\*\*150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/8 ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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: Daytime Phone #

Daniel J. Weinberg Certified Public Accountant Member:

American Institute of CPA's New York State Society of CPA's Florida Institute of CPA's

July 31, 2000

Uniform Business Report Division Of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Emily I. Corradino, P.A.

P997000003937

To Whom It May Concern:

Enclosed please find the 2000 Uniform Business Report for the above referenced Company and a check for \$150.00.

Please be advised that our client never received the fist notice to file.

We respectfully request that you accept the Corporate Annual Report and abate the late filing penalty as our client has always filed her Annual Report on a timely basis.

Very truly yours,

Daniel J. Weinberg

Daniel J. Weinberg Certified Public Accountant

DJW/he :corp.ann.rep.wpd: