

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008051

1. Entity Name

LINDA LAPLUME, P.A.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90059 030 ***150.00

Principal Place of Business

19262 NW 12 STREET
PEMBROKE PINES FL 33029
US

Mailing Address

19262 NW 12 STREET
PEMBROKE PINES FL 33029-4500
US

2. Principal Office
PO Box 0091
Suite, Apt. #, etc.

3. Mailing Address
PO Box 0091
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
South Florida, FL
Zip
33082
Country
USA

4. FEI Number 65-0730886

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAPLUME, LINDA
19262 NW 12 STREET
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name Linda Laplume
Street Address (P.O. Box Number is Not Acceptable)
4000 Hwd Blvd, Ste 411 South
City Hollywood FL Zip Code 33021

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 Linda Laplume Ruler Regime 3.24.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAPLUME, LINDA	
STREET ADDRESS	19262 NW 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAPLUME, JORGE D	
STREET ADDRESS	19262 NW 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 0091	
STREET ADDRESS	South Florida, FL	
CITY-ST-ZIP	33082	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 0091	
STREET ADDRESS	South Florida, FL	
CITY-ST-ZIP	33082	
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

3.24.00 9548025875

Date

Daytime Phone #

CR2E034 (9/99)