

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033540

1. Entity Name

ILDEFONSO PROCESS SERVICE, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90020 037 \*\*\*150.00

Principal Place of Business

6404 WINDMILL GATE ROAD  
MIAMI LAKES FL 33014  
US

Mailing Address

6404 WINDMILL GATE ROAD  
MIAMI LAKES FL 33014-6042  
US

2. Principal Place of Business

6366 MILK WAGON LN  
Suite, Apt. #, etc.

3. Mailing Address

6366 MILK WAGON LN  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

65-0783410

Applied For

Not Applicable

Zip

33014

Country

Zip

33014

Country

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

ILDEFONSO, JOSEPH A JR  
6404 WINDMILL GATE ROAD  
MIAMI LAKES FL 33014

Name

ILDEFONSO, JOSEPH A JR

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

6366 MILK WAGON LN

City

MIAMI LAKES

FL

Zip Code

33014

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	DP	<input type="checkbox"/> Delete
NAME	ILDEFONSO, JOSEPH A JR.	
STREET ADDRESS	6366 MILK WAGON LANE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	ILDEFONSO, JOSEPH A	
STREET ADDRESS	6366 MILK WAGON LANE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 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	
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

Date

Daytime Phone #

CRZE034 (9/99)