

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED

Jul 17, 2000 8:00 am  
Secretary of State

05-31-2000 90101 029 \*\*\*150.00

DOCUMENT # P97000041414

1. Entity Name  
L MARTINEZ PERDOMO, P.A.

R

Principal Place of Business

Mailing Address

165 S. W 55 AVE RD  
MIAMI, FL 33134

165 S. W 55 AVE RD  
MIAMI, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0751033

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

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 THREE (3) 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPS	LIDIA PERDOMO	165 S. W 55 AVE RD	<input type="checkbox"/> Delete		
ST - ZIP			MIAMI, FL 33134	<input type="checkbox"/> Delete		
ST - ZIP				<input type="checkbox"/> Delete		
ST - ZIP				<input type="checkbox"/> Delete		
ST - ZIP				<input type="checkbox"/> Delete		
ST - ZIP				<input type="checkbox"/> Delete		
ST - ZIP				<input type="checkbox"/> Delete		
ST - ZIP				<input type="checkbox"/> Delete		

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

(305) 266-1791

Date

Daytime Phone #