

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043307

1. Entity Name

KATHERINE P. MESA, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90135 012 ***150.00

Principal Place of Business

Mailing Address

9600 NW 25TH STREET
SUITE 3F
MIAMI FL 33172

9600 NW 25TH STREET
SUITE 3F
MIAMI FL 33172-1416

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

65-0755199

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

MESA, MANUEL ARTHUR ESQ
1000 BRICKELL AVE
SUITE 660
MIAMI FL 33131

Name

MESA, MANUEL ARTHUR ESQ

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

100 S.E. 2ND STREET

37TH FLOOR

City

MIAMI

FL

Zip Code

33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MESA, KATHERINE P	
STREET ADDRESS	9600 NW 25TH ST, STE 3F	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MESA, MICHAEL A.	
STREET ADDRESS	9600 NW 25TH ST 3F	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Katherine Mesa Katherine Mesa

4/25/00

305-593-7041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)