

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P97000044233

**1. Entity Name**  
 HUMBERTO HERNANDEZ, P.A.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**  
 08-28-2000 90040 033 \*\*\*550.00

**Principal Place of Business**  
 3211 PONCE DE LEON BLVD.  
 Suite 204  
 CORAL GABLES, FL 33134  
 US

**Mailing Address**  
 3211 PONCE DE LEON BLVD.  
 Suite 204  
 CORAL GABLES, FL 33134  
 US

00081719

**2. Principal Place of Business**  
 1311 S.W. 57 AVENUE  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 1311 S.W. 57 AVENUE  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 CORAL GABLES, FL

**4. FEI Number**  
 65-0773576

**Applied For**  
☐ Not Applicable

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

**Zip** 33144 **Country** US

**6. Name and Address of Current Registered Agent**  
 HERNANDEZ, HUMBERTO.  
 3211 PONCE DE LEON BLVD.  
 SUITE 204  
 CORAL GABLES, FL 33134

**7. Name and Address of New Registered Agent**  
 Name: HERNANDEZ, HUMBERTO.  
 Street Address (P.O. Box Number is Not Acceptable): 1311 S.W. 57 AVENUE  
 City: CORAL GABLES FL Zip Code: 33144

**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** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Delete	<b>D</b> <b>XX</b> Delete HERNANDEZ, HUMBERTO 3211 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b> <b>XX</b> Change <input type="checkbox"/> Addition HERNANDEZ, HUMBERTO. 1311 S.W. 57 AVENUE CORAL GABLES, FL 33144
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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**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**  **Humberto Hernandez** **08/25/00** **(305) 265-2025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)