

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059385

1. Entity Name

JOSE M. CARRION, P.A.

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90003 005 \*\*\*150.00

Principal Place of Business

37 N ORANGE AVE  
STE 500  
ORLANDO FL 32801

Mailing Address

37 N ORANGE AVE  
STE 500  
ORLANDO FL 32801

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 **59-3458990**

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

CARRION, JOSE M ESQ.  
37 N ORANGE AVE STE 500  
ORLANDO FL 32801

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!!! FEE IS \$550.00 / \$500.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
PC  
CARRION, JOSE M  
37 N ORANGE AVE STE 500  
ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Delete

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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-00

Date

Previously sent

4-15-00

Daytime Phone #

CR2E034 (5/00)

Attachment # P97000059385

0072674

081400



**JOSE M. CARRION, PA**

**ATTORNEY AT LAW**

Personal Injury • Workers Compensation • Social Security

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August 11, 2000.

DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

Certified Mail: 7000 0600 0025 1372 4193

**RE: Document # P97000059385**

Dear Madam/Sir:

Please be advised, that on April 15, 2000, this Corporation sent check #1804 in the amount of \$150.00 at the name of Florida Department of State. We have also sent the original of our 2000 Uniform Business Report with the check. It has been four months and you have not received it yet, so the only thing that I can think of, is that the annual report and the check got lost in the mail.

As per our phone conversation, and according to your instructions, I have enclosed and attached to the our check # 1849 in the amount of \$150.00 to pay our annual fee for the second time. With all due respect, we apologize for the inconvenience that this situation may have caused you and I hope to have your consideration and the abatement of penalties.

Very truly yours,

Jose M. Carrion, Esq.

President Jose M. Carrion, P.C.

JMC/msg

Enclosure Check # 1849

UBR re-submitted