

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082846

1. Entity Name

P.H.P. BILLING CONSULTING, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90852 049 ***150.00

Principal Place of Business

Mailing Address

9850 STIRLING ROAD #100
COOPER CITY FL 33024

9850 STIRLING ROAD #100
COOPER CITY FL 33024-8068

2. Principal Place of Business

5400 S. UNIVERSITY DR.

3. Mailing Address

5400 S. UNIVERSITY DR.

Suite, Apt. #, etc.

501-K

Suite, Apt. #, etc.

501-K

City & State

DAVIE

City & State

DAVIE, FLA

4. FEI Number

65-0787974

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

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

POZO, ARMANDO
9850 STIRLING ROAD #100
COOPER CITY FL 33024

Name

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

5400 S. UNIVERSITY DRIVE #501-K

City

DAVIE

FL

Zip Code
33328

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.

ARMANDO POZO, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/23/2000

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME POZO, ARMANDO
STREET ADDRESS 9850 STIRLING ROAD #100
CITY-ST-ZIP COOPER CITY FL 33024

☐ Delete

TITLE SD
NAME RODRIGUEZ, DAISY
STREET ADDRESS 9850 STIRLING ROAD #100
CITY-ST-ZIP COOPER CITY FL 33024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS 5400 S. UNIVERSITY DRIVE #501-K
CITY-ST-ZIP DAVIE, FL 33328

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5400 S. UNIVERSITY DRIVE #501-K
CITY-ST-ZIP DAVIE, FL 33328

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

ARMANDO POZO

4/23/2000 954-680-1770

Date

Daytime Phone #

CR2E034 (9/99)