

# 2000 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # 997 000091306

1. Entity Name

Jeffrey Exposito, P.A.

FILED

00 JUN 15 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

300-71st Street  
Suite 527  
Miami Beach, FL 33141

2. Principal Place of Business

3. Mailing Address

300-71st Street

300-71st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 527

# 527

City & State

City & State

Miami Beach, FL

Miami Beach

Zip

Country

Zip

Country

33141

USA

33141

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0789719

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

Jeffrey Exposito  
300-71st Street  
#527  
Miami Beach, FL 33141

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)

5-17-2000

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.

\$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  
President  
Jeffrey Exposito  
300-71st St / 527  
Miami Beach, FL 33141

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003312916-8  
-07/05/00-01064-020  
\*\*\*150.00 \*\*\*150.00

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-00 305-867-03

Date

Daytime Phone #

CR2E034 (9/11)

ATTACHMENT

DOC#: P97000041306

20/2

LAW OFFICES

**JEFFREY EXPOSITO, P. A.**

CITY NATIONAL BANK BUILDING

SUITE 527

300 71ST STREET

MIAMI BEACH, FLORIDA 33141

TELEPHONE (305) 867-0300

FAX (305) 867-0490

May 27, 2000

Florida Department of State

Division of Corporation

P.O. Box 6327

Tallahassee, Florida 32314

~~Re: Jeffrey Exposito, P.A.~~

Dear Sir or Madame:

Enclosed, please find the annual report of the above referenced corporation along with the \$150.00 filing fee. Please note that the undersigned never received the preprinted form and had to request a new blank form after the filing deadline. Accordingly, please waive the \$550.00 late fee.

If you have any questions, please contact the undersigned at your convenience.

Very truly yours,

Jeffrey Exposito

JE/mmg.