

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000003176**

1. Entity Name

HECTOR E. VILLAMAR, JR., P.A.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90124 011 ***150.00

Principal Place of Business

Mailing Address

3485 NORTH MERIDIAN AVE
MIAMI BEACH, FL 33140

00004340

2. Principal Place of Business

122 MINORCA AVENUE

3. Mailing Address

122 MINORCA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FLA.

City & State

CORAL GABLES, FLA

4. FEI Number

65-0821559

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

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

Name

HECTOR E. VILLAMAR, JR.

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

122 MINORCA AVENUE

City

CORAL GABLES,

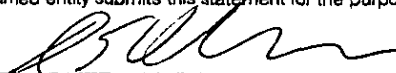
FL

Zip Code

33134

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



PRESIDENT/HECTOR E. VILLAMAR, JR.

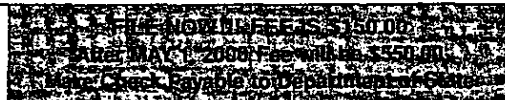
4/27/00

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)



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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT
HECTOR E. VILLAMAR, JR.
122 MINORCA AVENUE
CORAL GABLES, FLA. 33134

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:



HECTOR E. VILLAMAR, JR.

Date

4/27/00

Daytime Phone #

705-589-0150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR