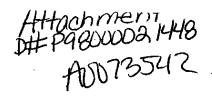
## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Aug 21, 2000 8:00 am Secretary of State DOCUMENT # P98000021448 08-21-2000 90208 004 \*\*\*150.00 ELIZABETH DELGADO, P.A. Principal Place of Business Mailing Address 1395 N.W. 15TH STREET 1395 N.W. 15TH STREET A9073542 MIAMI FL 33125 MIAMI FL 33125 3. Mailing Address 2. Principal Place of Business 2307 Douglas Road <u>2307 Douglas Road</u> Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite 401 City & State Suite / City & State 4. FEI Number Applied For 65-0838599 Not Applicable Coral Florida Coral Gables Florida Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33145 3<u>3145</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELGADO, ELIZABETH ESQ. Street Address (P.O. Box Number is Not Acceptable) 1395 N.W. 15TH ST 2307 Douglas Road, Suite 401 **MIAMI FL 33125** Zip Code 33145 City <u>Coral Gables</u> 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (5/00) X Change TITLE PD Delete TITLE DELGADO, ELIZABETH NAME NAME Delgado, Elizabeth STREET ADDRESS STREET ADDRESS 1395 N.W. 15TH ST 2307 Douglas Road, Suite 401 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 Coral Gables, Florida 33145 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 lequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a

SIGNATURE:

The Law Offices of





2307 Douglas Road, Suite 401 • Coral Gables, Florida 33145 • Dade (305) 441-1977 • Fax (305) 441-1224

August 11, 2000

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Elizabeth Delgado, P.A. 2000 Uniform Business Report

Dear Sir or Madam:

Enclosed please find the completed 2000 Uniform Business Report as well as a check for \$150.00 for the filing fee. We realize that the notice we just received is a second notice with an increase in filing fee to \$550.00. However, we ask that you take into consideration the fact that we never received the first notice, and that you accept the enclosed \$150.00 check as full payment for the 2000 Uniform Business Report filing fee.

If you have any questions, or need additional information please do not hesitate to contact me at (305) 441-1977

Sincerely

Elizabeth Delgado, Esquire

Enclosure (s)