

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026504

1. Entity Name

TRACER'S PROCESS SERVING, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90040 007 ***150.00

Principal Place of Business

6831 SOUTHWEST 53RD STREET
MIAMI FL 33155

Mailing Address

6831 SOUTHWEST 53RD STREET
MIAMI FL 33155-5715

2. Principal Place of Business

1755 WEST 65 ST

3. Mailing Address

1755 WEST 65 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HALEAH FLORIDA

City & State

HALEAH, FLORIDA

4. FEI Number

65-0824460

Applied For

Not Applicable

Zip

33012

Country

DADE

Zip

33012

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, PETER
6831 SW 53 ST
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name MYRNA M. MUNOZ

Street Address (P.O. Box Number is Not Acceptable)
1755 WEST 65 ST

City HALEAH

FL

Zip Code 33012

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 \$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

TITLE PD
NAME MUNOZ, PETER
STREET ADDRESS 6831 SOUTHWEST 53RD STREET
CITY-ST-ZIP MIAMI FL 33155 ☒ Delete

TITLE PD
NAME MUNOZ MYRNA
STREET ADDRESS 1755 W 65 ST
CITY-ST-ZIP HALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MUNOZ MYRNA
STREET ADDRESS 1755 WEST 65 ST
CITY-ST-ZIP HALEAH, FL 33012 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #