

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029688

1. Entity Name

MARIA E. SOLER, P.A.

09-15-2000 90017 049 ***150.00

P98000029688

FILED

00 SEP 15 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ADU78502



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6619 CRISTINA MARIE DRIVE
ORLANDO FL 32835

Mailing Address

6619 CRISTINA MARIE DRIVE
ORLANDO FL 32835

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3504375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLER, MARIA E
211 DEBORA CT
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

SOLER, MARIA E

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

6619 CRISTINA MARIE DRIVE

City

ORLANDO

FL

Zip Code

32835

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

Maria E. Soler

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/28/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSD	<input type="checkbox"/> Delete
NAME	SOLER, MARIA E	
STREET ADDRESS	211 DEBORA CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TORRES, DANIEL	
STREET ADDRESS	211 DEBORA CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Maria E. Soler REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/2000

Date

Daytime Phone #

CP2E034 (5/00)

9/18

Attachment
#P98000029688

40078502

I DID NOT RECEIVE THE
FIRST BILL. I AM ENCLOSING
THE \$150, PLEASE ACCEPT
THE PAYMENT. I WON'T BE
LATE AGAIN.

Maria E. Soler