

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000029688**

09-15-2000 90017 049 \*\*\*150.00  
P98000029688

1. Entity Name

**MARIA E. SOLER, P.A.**

FILED

00 SEP 15 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
ADU78502

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

DO NOT WRITE IN THIS SPACE



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 individual 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.

**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	VPO	<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		

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
NAME		
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 #

CR2E034 (5/00)

9/18

Attachment  
# P9800029688

40078502

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

LATE AGAIN.

Maria E. Soler