

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

May 03, 2000 8:00 am
Secretary of State

02-16-2000 90044 033 ***150.00

DOCUMENT # P98000029970

1. Entity Name

SALAZAR, SANTIAGO & VILLEGAS, P.A.

Principal Place of Business

Mailing Address

5000 UNIVERSITY DR
3RD FLOOR
CORAL GABLES FL 33146

5000 UNIVERSITY DR
3RD FLOOR
CORAL GABLES FL 33146-2008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0824084

Applied For

Not Applicable

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

COBER CORPORATE AGENTS INC
2601 SO BAYSHORE DRIVE 19FL
MIAMI FL 33133

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SALAZAR, JUAN	
STREET ADDRESS	5000 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, CARLOS	
STREET ADDRESS	5000 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLEGAS, SERGIO	
STREET ADDRESS	5000 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, JUAN	
STREET ADDRESS	5000 University Dr.	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, CARLOS	
STREET ADDRESS	5000 University Dr.	
CITY-ST-ZIP	Coral Gables, FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Villegas, Sergio	
STREET ADDRESS	5000 University Dr.	
CITY-ST-ZIP	33146	
TITLE	SABATES, BRAULIO (Member)	<input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	5000 University Dr.	
CITY-ST-ZIP	Coral Gables, FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/4/2000

(305) 669-7331

Date

Daytime Phone #

CR2E034 (9/99)