

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043667

1. Entity Name

ANA M. MENDANA, C.P.A., P.A.

Principal Place of Business

7844 SW 163RD PLACE
MIAMI FL 33193

Mailing Address

7844 SW 163RD PLACE
MIAMI FL 33193-3426

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

65-0836226

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

MENDANA, ANA M
14141 SW 38 TERR.
MIAMI FL 33175

Name

Ana M. Mendana

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

7844 SW 163 Place

City

Miami

FL

Zip Code

33193

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

Ana M. Fernandez

Signature, typed or printed name of registered agent and title if applicable

Ana M. Mendana

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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/DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MENDANA, ANA M
STREET ADDRESS 7844 SW 163RD PLACE
CITY-ST-ZIP MIAMI FL 33193

☐ Delete

TITLE S
NAME MENDANA, JOSE
STREET ADDRESS 14952 S.W. 75TH TERRACE
CITY-ST-ZIP MIAMI FL 33193

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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:

Ana M. Mendana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (305) 473-9843

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)