

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000045737**

1. Entity Name

**IVAN D. PIEDRAHITA, P.A.****FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90044 022 \*\*\*150.00

Principal Place of Business

Mailing Address

1876 N. UNIVERSITY DRIVE  
300-C  
PLANTATION FL 333221876 N. UNIVERSITY DRIVE  
300-C  
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

1868 N. University Drive  
Suite, Apt. #, etc.  
2071868 N. University Drive  
Suite, Apt. #, etc.  
207City & State  
Plantation, FLCity & State  
Plantation, FLZip  
33322Country  
USAZip  
33322Country  
USA

4. FEI Number 65-0848183

Applied For  
Not Applicable5. 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

PIEDRAHITA, IVAN D  
10155 N. NOB HILL CIRCLE  
TAMARAC FL 33321

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
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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 #

1-3-01

954-474-0111

CR2E034 (10/00)