

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046438

1. Entity Name

NELLY MORALES, P.A.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90023 040 ***150.00

Principal Place of Business

Mailing Address

11832 HALLBRIDGE CT
ORLANDO FL 32837
US

11832 HALLBRIDGE CT
ORLANDO FL 32837-5727
US

2. Principal Place of Business

3. Mailing Address

11832 Hullbridge Ct.
Suite, Apt. #, etc.
Orlando

11832 Hullbridge Ct
Suite, Apt. #, etc.

City & State

FL

City & State

Orlando

FL

4. FEI Number

59-3511127

Applied For

Not Applicable

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

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

MORALES, NELLY
283 CREEKSIDE WAY
ORLANDO FL 32824

Name

Nelly Morales, P.A.

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

11832 Hullbridge Ct

City

Orlando

FL

Zip Code

32837

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

Nelly Morales P.A.

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 ☐ Delete
NAME P
STREET ADDRESS MORALES, NELLY PA
CITY-ST-ZIP 11832 HULLBRIDGE CT
ORLANDO FL 32837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Nelly Morales P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000

Date

407-438-6119

Daytime Phone #

CR2E034 (9/99)