

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075060

1. Entity Name

PUERTO RICO 2000 CORPORATION

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90145 029 ***550.00

AUU76322



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 570344
MIAMI FL 33257-0344

Mailing Address

P.O. BOX 570344
MIAMI FL 33257-0344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0861675

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JOSE L
8284 S.W. 205TH TERRACE
MIAMI FL 33189

7. Name and Address of New Registered Agent

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FERNANDEZ, JOSE L	8284 SW 20 TERR	MIAMI FL 33189	
D	FERNANDEZ, JOSE L	P.O. BOX 570344	MIAMI FL 33257-0344	
1V	MEDINA, WALDO	8825 SW 17 TERR	MIAMI FL 33165	
2V	RODRIGUEZ, VILMA	1521 NW 188 ST	MIAMI FL 33055	
S	BROWN, DORA	10645 SW 76 TERR	MIAMI FL 33173	
ST	DECHOUDENS, JOSE R	13868 SW 151 CT	MIAMI FL 33196	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00

Date

Daytime Phone #

(305) 235-3131

CR2E034 (5/00)