

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90153 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000082262

1. Corporation Name

JERRY VELAZQUEZ, P.A.

Principal Place of Business

1840 WEST 49TH STREET
SUITE 100
HIALEAH FL 33012

Mailing Address

1840 WEST 49TH STREET
SUITE 100
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

65-0864764
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**
☐ Fee Required
6. Election Campaign Financing
Trust Fund Contribution
☐ **\$5.00 May Be**
☐ Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax.
☐ Yes ☐ No

2. Principal Place of Business

21 551 W 51st Place
Suite, Apt. #, etc.

2a. Mailing Address

26 551 W 51st
Suite, Apt. #, etc.
22 #306
City & State
27 #306
City & State
23 Hialeah, Fla.
Zip Country
28 Hialeah Fla
Zip Country
24 33012 25 USA
29 33012 30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Jerry Velazquez, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
1840 West 49th Street Suite 100
83 Hialeah, FL 33012
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
 Signature of person authorized to register agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE **PSTD** ☐ DELETE

12.2 NAME **VELAZQUEZ, JERRY**
12.3 STREET ADDRESS **1840 WEST 49TH STREET**
12.4 CITY-ST-ZIP **HIALEAH FL 33012**
12.5 TITLE ☐ DELETE
12.6 NAME**12.7 STREET ADDRESS****12.8 CITY-ST-ZIP**
12.9 TITLE ☐ DELETE
12.10 NAME**12.11 STREET ADDRESS****12.12 CITY-ST-ZIP**
12.13 TITLE ☐ DELETE
12.14 NAME**12.15 STREET ADDRESS****12.16 CITY-ST-ZIP**
12.17 TITLE ☐ DELETE
12.18 NAME**12.19 STREET ADDRESS****12.20 CITY-ST-ZIP**
12.21 TITLE ☐ DELETE
12.22 NAME**12.23 STREET ADDRESS****12.24 CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME**13.3 STREET ADDRESS****13.4 CITY-ST-ZIP**
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME**13.7 STREET ADDRESS****13.8 CITY-ST-ZIP**
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME**13.11 STREET ADDRESS****13.12 CITY-ST-ZIP**
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME**13.15 STREET ADDRESS****13.16 CITY-ST-ZIP**
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME**13.19 STREET ADDRESS****13.20 CITY-ST-ZIP**
13.21 TITLE ☐ Change ☐ Addition
13.22 NAME**13.23 STREET ADDRESS****13.24 CITY-ST-ZIP**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

4/29/99
 Date

305-231-7777
 Daytime Phone #

CR2E034 (11/98)