

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082262

1. Entity Name

JERRY VELAZQUEZ, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 2:49

Principal Place of Business

Mailing Address

551 W. 51ST PL.

551 W. 51ST PL.

306

306

HIALEAH FL 33012

HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0864764

Applied For
Not Applicable

Zip

Country

Zip

Country

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

VELAZGIEZ, JERRY PA
1840 W. 49 ST. STE 100
HIALEAH FL 33012

Name Jerry Velazquez

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

551 West 51st Place

Suite 306

City Hialeah

FL

Zip Code 33012

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME VELAZQUEZ, JERRY
STREET ADDRESS 1840 WEST 49TH STREET
CITY-ST-ZIP HIALEAH FL 33012

TITLE PSTD ☒ Change ☐ Addition
NAME VELAZQUEZ, JERRY
STREET ADDRESS 551 West 51st Place #306
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00

Date

(305) 231-7777

Daytime Phone #

CR2E034 (5/00)