

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2
058614

DOCUMENT # P98000082720

1. Entity Name

JACQUELINE M. WOODWARD, P.A.

FILED

00 JUN 23 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3191 CORAL WAY
100
MIAMI FL 33145
US

3191 CORAL WAY
100
MIAMI FL 33145
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0864183

Applied For

Not Applicable

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

WOODWARD, JACQUELINE M
3191 CORAL WAY
STE 100
MIAMI FL 33145

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, 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 D
STREET ADDRESS WOODWARD, JACQUELINE M
CITY - ST - ZIP 3191 CORAL WAY STE 100
MIAMI FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900003349949--3
CITY - ST - ZIP -08/08/00--01095--003
****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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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

01/20/00

Date

305-661-7272

Daytime Phone #

CR2E034 (9/99)

2 of 2

JACQUELINE M. WOODWARD, P.A.
ATTORNEY AT LAW

3191 CORAL WAY, SUITE 100
MIAMI, FLORIDA 33145
PHONE (305) 661-7272
FAX (305) 661-9494

June 7, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Please accept my late payment without penalty as I so rarely use my PA account I do not even have printed checks. I have ordered printed checks and will try to be more organized next year. Please note that the notice went to the wrong address. My address is 3191 Coral Way #100, Miami, FL 33145.

Thank you for your anticipated cooperation.

Sincerely,

Jacqueline M. Woodward, Esq.