

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90007 007 ***150.00

DOCUMENT # P98000083224

1. Entity Name
JUAN J. PILES, P.A.

Principal Place of Business 8491 NW 54 STREET MIAMI FL 33166	Mailing Address 8491 NW 54 STREET MIAMI FL 33166-3320
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00003194



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3899 N.W. 7 Street Suite, Apt. #, etc. Suite 210 City & State Miami, Florida	3. Mailing Address 3899 N.W. 7 Street Suite, Apt. #, etc. Suite 210 City & State Miami, Florida
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4. FEI Number 65-0865947	Applied For <input type="checkbox"/> Not Applicable
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Zip 33126	Country U.S.A.	Zip 33126	Country U.S.A.
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PILES, JUAN J
 8491 NW 54 STREET
 MIAMI FL 33166**

7. Name and Address of New Registered Agent
 Name **JUAN J. Piles**
 Street Address (P.O. Box Number is Not Acceptable)
3899 N.W. 7 Street
 City **Miami** FL Zip Code **33126**

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 (NOTE: Registered Agent signature required when reinstating) DATE **1/7/00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PILES, JUAN J 14525 SW 79TH CT MIAMI FL 33158 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUAN J. Piles, President <input type="checkbox"/> Delete 3899 N.W. 7 Street, Suite 210 Miami, Florida 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **JUAN J. Piles** Date **1/7/00** Daytime Phone # **305-541-3777**

CR2E034 (9/99)