

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083585

1. Entity Name

VERTICAL PROFESSIONALS, INC.

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

01-12-2000 90117 012 ***158.75

Principal Place of Business

Mailing Address

441 TOTOLOCHEE
HIALEAH FL 33010

P.O. BOX 112136
HIALEAH FL 33011-2136

2. Principal Place of Business

3. Mailing Address

441 Totolochee Dr.

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hialeah, FL 33010

City & State

City & State

4. FEI Number

65-0874283

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

33010

U.S.

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

HASSAN, DIOSDADO
1960 EAST 4TH AVENUE
HIALEAH FL 33010

Name

Diosdado Hassan

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

441 Totolochee Drive

City

Hialeah

FL

Zip Code

33010

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)

1/4/00
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 HASSAN, DIOSDADO
CITY-ST-ZIP P.O. BOX 112136
HIALEAH FL 33011-2136

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

1/4/00
Date

(305) 888-9960
Daytime Phone #

CR2F034 (9/99)