

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084849

1. Entity Name

ROBERT A. GONZALEZ P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90098 002 ***150.00

Principal Place of Business P.O. BOX 771822 CORAL SPRINGS FL 33077	Mailing Address P.O. BOX 771822 CORAL SPRINGS FL 33077-1822
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0862311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, ROBERT A 3579 NW 91 LANE SUNRISE FL 33351	7. Name and Address of New Registered Agent Name ROBERT GONZALEZ Street Address (P.O. Box Number is Not Acceptable) <i>21457 Woodchuck Lane,</i> City <i>Boca Raton</i> FL Zip Code <i>33428</i>
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NO CHANGES-(B)

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 *Robert Gonzalez* **ROBERT GONZALEZ** DATE *4/18/00*

Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIESSEN, CHRISTA S 3579 NW 91 LANE SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, ROBERT A 3579 NW 91 LANE SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Robert Gonzalez* **ROBERT GONZALEZ** DATE *4/18/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)