

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90037 038 ***150.00

DOCUMENT # P98000084849

1. Entity Name

ROBERT A. GONZALEZ P.A.

Principal Place of Business

Mailing Address

P.O. BOX 771822
CORAL SPRINGS FL 33077

P.O. BOX 771822
CORAL SPRINGS FL 33077

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 971261

Suite, Apt. #, etc.

P.O. Box 971261

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33497-1261

Country

Palm Beach

Zip

33497-1261

Country

Palm Beach

6. Name and Address of Current Registered Agent

GONZALEZ, ROBERT A
21457 WOODCHUCK LN
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

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 **ROBERT GONZALEZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	TIESSEN, CHRISTA S	
STREET ADDRESS	3579 NW 91 LANE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, ROBERT A	
STREET ADDRESS	3579 NW 91 LANE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tiessen, Christa S	
STREET ADDRESS	21457 Woodchuck Ln,	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Robert A	
STREET ADDRESS	21457 Woodchuck Ln,	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROBERT GONZALEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Gonzalez

Date

4/12/01

Daytime Phone #

954-292-4061

CR2E034 (10/00)