## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am DOCUMENT # P98000095153 **Secretary of State** LAW OFFICES OF DORA L. BEATTY, P.A. 01-19-2000 90098 043 \*\*\*150.00 Principal Place of Business Mailing Address 5840 W. FLAGELR ST. 5840 W. FLAGELR ST. STE. 5 71 U U U U X X V V MIAMI FL 33144 MIAMI FL 33155-3174 US 3. Mailing Address 2. Principal Place of Business 6062 6062 SW 2 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0878597 Not Applicable niami Miami \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent \* 6." Name and Address of Current Registered Agent Name BEATTY, DORA L ESQ. Street Address (P.O. Box Number is Not Acceptable) 5840 W. FLAGLER ST. STE 5 MIAMI FL 33144 Zip Code 33 155 ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submi SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or pri FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE **PVST** Delete NAME BEATTY, DORA L ESQ. NAME STREET ADDRESS STREET ADDRESS 5840 W. FLAGLER ST., STE 5 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** TITLE ☐ Delete TITLE NAME NAME BEATTY, DORA L ESQ. STREET ADDRESS STREET ADDRESS 5840 W. FLAGLER ST., STE 5 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 Addition ~ ~ Delete Change TITLE : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to 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 provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. I hereby certify that the information s indicated on this report or supplementary of the corporation or the receiver of changed, or on an attachment with

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND THE