

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009750

1. Entity Name
DOMINGO ALONSO C.P.A., P.A.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90024 046 ***150.00

Principal Place of Business 250 VALENCIA AVENUE CORAL GABLES FL 33134	Mailing Address 250 VALENCIA AVENUE CORAL GABLES FL 33134-5906
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 301 Almeria Avenue Suite, Apt. #, etc. 3	3. Mailing Address Suite, Apt. #, etc.
City & State Coral Gables, FL	City & State
Zip 33134	Country

4. FEI Number 65-0894734	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
ALONSO, DOMINGO
250 VALENCIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name: Domingo Alonso
Street Address (P.O. Box Number is Not Acceptable): 301 Almeria Avenue #3
City: Coral Gables FL Zip Code: 33134

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]* DATE: 4/15/00

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	D ALONSO, DOMINGO 250 VALENCIA AVENUE CORAL GABLES FL 33134 <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
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	DD Domingo Alonso 301 Almeria Ave #3 Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* DATE: 4/15/00 DAYTIME PHONE #: 3054483892