2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 03, 2000 8:00 am Secretary of State DOCUMENT # P99000014116 1. Entity Name BURGOS & SOSA, P.A. 08-03-2000 90034 008 ***158.75 Mailing Address Principal Place of Business 2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLVD. **SUITE #920 SUITE #920** CORAL GABLES, FL. 33134 CORAL GABLES, FL.33134 2. Principal Place of Business 3. Mailing Address 2121 PONCE DE LEON BLVD Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 240 Applied For City & State City & State 4. FEI Number Not Applicable 65-0904032 <u>MIAMI, FL. 33134-4533</u> \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 33134<u>-45</u>33 DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GABRIEL PRATS BURGOS & SOSA, P.A. Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD 2121 PONCE DE LEON BLVD. SUITE #920 **SUITE #240** CORAL GABLES, FL. 33134 Zip Code <u> CORAL GABLES.</u> 33134 of changing its registered office or registered agent, or both, in the State of Florida The above named entity submits this statement for the purp s DATE Signature, typed or printed name of registered agent agent agent applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Change Addition TITLE PD ☐ Delete TITLE BURGOS-GANDIA, HANS NAME 2121PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP CORAL GABLES, FL. 33134 Addition ☐ Change TITLE ☐ Delete SVD SOSA, MAGALI STREET ADDRESS STREET ADDRESS 2121 PONCE DE LEON BLVD. CITY-ST-ZIP ST 719 CORAL GABLES, FL. 33134 ☐ Change Addition Delete TITLE THEE NAME STREET ADDRESS CONTRACTOR OF THE STATE CITY-ST-ZIP ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS COLL. ADDRESS CITY-ST-ZIP ST ZIP Change Addition Delete TITLE NAME STREET ADDRESS: Annaye CITY-ST-ZIP ST ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP 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.

-IIINATURE:

SIGNATURE AND TYPED OF PRINTED NAME

-10-00

actachment 1999 0000 14116 B010419\$

July 18, 2000

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Fl. 32302-1500

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2000 Uniform Business Report (U.B.R.) for our company has not been filed.

According to our records we didn't receive the 2000 U.B.R. form. Enclosed is a completed 2000 U.B.R. and a check for \$158.75. We hereby request an abatement of the \$400.00 filling late penalty.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

Burgos & Sosa, P.A