

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028194

1. Entity Name

JOSEPH A. CARBALLO P.A.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90176 043 ***150.00

Principal Place of Business

846 EUCLID APT. 2
MIAMI BEACH FL 33139

Mailing Address

846 EUCLID APT. 2
MIAMI BEACH FL 33139-5716

908382



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 Brickell Ave

3. Mailing Address

701 Brickell Ave

Suite, Apt. #, etc.

3260

Suite, Apt. #, etc.

3260

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

DADE

Zip

33131

Country

DADE

4. FEI Number

65-0905766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

Name

Joseph A. Carballo, Esq.

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Ave, Ste. 3260

City

Miami, FL

FL

Zip Code

33131

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

Joseph A. Carballo

1/19/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CARBALLO, JOSEPH A	
STREET ADDRESS	846 EUCLID APT. 2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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:

Joseph A. Carballo, 1/19/00 305-264-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)