

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # P99000028234

1. Entity Name

LUIS A. ESCOBAR, JR., C.P.A., P.A.

Principal Place of Business

Mailing Address

5440 N STATE ROAD 7
 SUITE 211
 FT. LAUDERDALE FL 33319

5440 N STATE ROAD 7
 SUITE 211
 FT. LAUDERDALE FL 33319-2335

2. Principal Place of Business

3410 NW 21 Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Creek FL

City & State

Same

DO NOT WRITE IN THIS SPACE

65-0905939

4. FEI Number

Applied for

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

ESCOBAR, LUIS A JR
5440 N STATE ROAD 7
SUITE 211
FT. LAUDERDALE FL 33319

Name **Luis A. Escobar Jr.**

Street Address (P.O. Box Number is Not Acceptable)
3410 NW 21 Street

City **Coconut Creek** **FL** Zip Code **33066**

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]

Signature, typed or printed name of registered agent and date 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 NAME	D Luis Escobar Jr	<input type="checkbox"/> Delete
STREET ADDRESS	3410 NW 21 Street	
CITY-ST-ZIP	Coconut Creek FL 33066	
TITLE NAME	P-V-P-T-S Luis Escobar Jr	<input type="checkbox"/> Delete
STREET ADDRESS	3410 NW 21 Street	
CITY-ST-ZIP	Coconut Creek FL 33066	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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] **Luis Escobar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

954-724-4441

Daytime Phone #

CR2E034 (9/99)