

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030278

1. Entity Name

PEDRO L. AMADOR, P.A.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90019 016 ***150.00

Principal Place of Business

Mailing Address

2024 W. CLEVELAND STREET
TAMPA FL 33606

2024 W. CLEVELAND STREET
TAMPA FL 33606-1720

2. Principal Place of Business

3. Mailing Address

220 E. Madison Street

220 E. Madison Street

Suite, Apt. #, etc.
Suite 1020

Suite, Apt. #, etc.
Suite 1020

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3577718

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

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

AMADOR, PEDRO L JR.
2024 W. CLEVELAND STREET
TAMPA FL 33606

Name

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

220 E. Madison Street, Suite 1020

City

Tampa

FL

Zip Code
33602

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
AMADOR, PEDRO L JR.
2024 W. CLEVELAND STREET
TAMPA FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
220 E. Madison Street, Suite 1020
Tampa, Florida 33602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CE 034 (9/98)