

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90061 040 \*\*\*150.00

**DOCUMENT #** P99000036647  
**1. Entity Name** P99000036647  
CONTINENTAL PROVIDER SERVICES INC ✓

**Principal Place of Business** 11401 SW 40ST #201 **Mailing Address** 11401 SW 40ST #201

**2. Principal Place of Business** 11401 SW 40ST #201 **3. Mailing Address** 11401 SW 40ST #201  
**Suite, Apt. #, etc.**  **Suite, Apt. #, etc.**

**City & State** MIAMI, FL **City & State** MIAMI, FL  
**Zip** 33165 **Country** USA **Zip** 33165 **Country** USA

**4. FEI Number** 65-0942763 **Applied For** ☐ **Not Applicable** ☐  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent** JANET FUENTES  
11401 SW 40ST #201  
MIAMI, FL 33165  
**7. Name and Address of New Registered Agent**  
**Name**   
**Street Address (P.O. Box Number is Not Acceptable)**   
**City** FL **Zip Code**

**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	
<b>TITLE</b> <u>PD</u> <input type="checkbox"/> Delete	<b>NAME</b> <u>JANET FUENTES</u>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <u></u>
<b>STREET ADDRESS</b> <u>11401 SW 40ST #201</u>	<b>CITY-ST-ZIP</b> <u>MIAMI FL 33165</u>	<b>STREET ADDRESS</b> <u></u>	<b>CITY-ST-ZIP</b> <u></u>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b> <u></u>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <u></u>
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**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:** JANET FUENTES **4-3-00 (305) 227-7773**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/99)