

2000 UNIFORM BUSINESS REPORT (UBR)

8/22/00-90236-028-\$158.75-\$158.75

DOCUMENT # P99000039895

1. Entity Name
TERESITA A. VIVO, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 12:30

80074013



DO NOT WRITE IN THIS SPACE

Principal Place of Business
14672 STIRRUP LANE
WELLINGTON FL 33414

Mailing Address
14672 STIRRUP LANE
WELLINGTON FL 33414

2. Principal Place of Business
120 South Olive Ave.

3. Mailing Address
120 South Olive Ave

Suite, Apt. #, etc.
303

Suite, Apt. #, etc.
303

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33401

Country
USA

Zip
33401

Country
USA

4. FEI Number
65-0913937

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VIVO, TERESITA A
14672 STIRRUP LANE
WELLINGTON FL 33414

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 Teresita A. Vivo DATE 8/18/00

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Teresita A. Vivo President <input type="checkbox"/> Delete 14672 Stirrup Lane Wellington, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Teresita A. Vivo **RECEIVED TERESITA A. VIVO/8-18-00/561-366-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE034 (5/00)

TERESITA A. VIVÓ, P.A.

ATTORNEY AT LAW
120 SOUTH OLIVE AVENUE, SUITE 303
WEST PALM BEACH, FLORIDA 33401

TELEPHONE (561) 366-8000
FAX (561) 366-8947

Attachment Doc #
P99000039895
AD074013

August 18, 2000

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

To Whom It May Concern:

I spoke with Kristin of your offices earlier this week regarding the 2000 Uniform Business Report (UBR). I received my second notice and called to discuss the same.

By this letter, I am confirming that I don't recollect receiving my first notice. Please note, I am changing the address of my principal place of business and my mailing address as noted on the UBR here enclosed.

I am here enclosing a check for \$158.75 for the fees associated with the Annual Report, Annual Supplemental Corporate Fee and a Certificate of Status. I hereby request a waiver of the \$400.00 late fee. I have not previously requested a waiver of a fee or penalty.

Please advise if I have not complied with all necessary requirements for the filing of the UBR.

I thank you in advance for your attention to these matters.

Very truly yours,

TERESITA A. VIVÓ, P.A.

By: 
Teresita A. Vivó

encl.: 2000 UBR
check # 1371

TAV/id