

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041999

1. Entity Name

JAANA T. MOISIO, P.A.

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90003 048 ***550.00

Principal Place of Business

5692 B. FOX HOLLOW DR.
 BOCA RATON FL 33486

Mailing Address

5692 B. FOX HOLLOW DR.
 BOCA RATON FL 33486

2. Principal Place of Business

301 Yamato Road
 Suite 1190
 Boca Raton

3. Mailing Address

301 Yamato Road
 Suite 1190
 Boca Raton



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton

City & State

Boca Raton

4. FEI Number

65-0937572

Applied For

Not Applicable

Zip

33431

Country

U.S.A.

Zip

33431

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOISIO, JAANA T
 5692 B. FOX HOLLOW DR.
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

JAANA T. MOISIO

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

301 Yamato Road, Suite 1190

City

Boca Raton

FL

Zip Code

33431

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

JAANA T. MOISIO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

July 31/00

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	DPV	<input type="checkbox"/> Delete
NAME	MOISIO, JAANA T	
STREET ADDRESS	5692 B. FOX HOLLOW DR.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	301 Yamato Road, Suite 1190
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

JAANA T. MOISIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31/00

Date

Daytime Phone #