

2000 UNIFORM BUSINESS REPORT (UBR)

5/24

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-24-2000 90142 038 ***150.00

DOCUMENT # P99000042695

1. Entity Name
JORGE A. AMARO, P.A.

Principal Place of Business
**275 FONTAINBLEAU BLVD.
#145
MIAMI FL 33172**

Mailing Address
**275 FONTAINBLEAU BLVD.
#145
MIAMI FL 33184-3032**

2. Principal Place of Business
**8240 MILLS DAVE
SUITE, APT. #, ETC.
MIAMI FL**

3. Mailing Address
**PMB 517
SUITE, APT. #, ETC.
8306 MILLS DAVE
MIAMI FLORIDA**

City & State
MIAMI FL

City & State
MIAMI FLORIDA

Zip
33183

Country
FLORIDA

4. FEI Number
65-0919972

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**AMARO, JORGE A PA
275 FONTAINBLEAU BLVD.
#145
MIAMI FL 33172**

7. Name and Address of New Registered Agent
Name **JORGE A. AMARO - P.A.**
Street Address (P.O. Box Number Is Not Acceptable)
9021 SW 103 ST
City **MIAMI** FL Zip Code **33176**

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 _____ (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	D AMARO, JORGE A 275 FONTAINBLEAU BLVD. MIAMI FL 33172	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARO, MAIDA B 275 FONTAINBLEAU BLVD. MIAMI FL 33172	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: **SIGNATURE OF DIRECTOR** **4/23/00 305-546-3337**

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

CR2E034 (9/99)