

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049353

1. Entity Name

LAW VIEWS CONSULTING, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90062 031 ***150.00

Principal Place of Business

14892 S.W. 38TH COURT
 MIRAMAR FL 33027

Mailing Address

14892 S.W. 38TH COURT
 MIRAMAR FL 33027-3325

2. Principal Place of Business

2900 S.W. 28th Terrace

Suite, Apt. #, etc.

1st Floor

City & State

Miami, FL

Zip

33133

Country

U.S.A.

3. Mailing Address

2900 S.W. 28th Terrace

Suite, Apt. #, etc.

1st Floor

City & State

Miami, FL

Zip

33133

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

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

VELAZQUEZ, ELENA

14892 S.W. 38TH COURT
 MIRAMAR FL 33027

Name

Roberto Rigal, Jr.

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

2900 S.W. 28th Terrace

First Floor

City

Miami

FL

Zip Code

33133

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	D	<input checked="" type="checkbox"/> Delete
NAME	VELAZQUEZ, ELENA	
STREET ADDRESS	14892 S.W. 38TH COURT	
CITY-ST-ZIP	MIRAMAR FL 33027	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberto Rigal, Jr.	
STREET ADDRESS	2900 SW 28th Terrace, 1st Floor	
CITY-ST-ZIP	Miami, FL - 33133	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)