

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051545

1. Entity Name

THE LAW OFFICES OF MATEO & BULLOCK, P.A.

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90476 005 ***150.00

Principal Place of Business

633 N.E. 167 STREET
#1109
MIAMI FL 33162
US

Mailing Address

633 N.E. 167 STREET
#1109
MIAMI FL 33162
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0925566

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MATEO, MARIO O

18763 N.W. 54TH PLACE
MIAMI FL 33055

2380 S.W. 117 Ave
Miramar, FL 33025

Name

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

2380 S.W. 117 Ave

City

Miramar

FL

Zip Code

33025

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, 2001 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 PCMT
MATEO, MARIO O
STREET ADDRESS 18763 NW 54 PLACE
CITY-ST-ZIP MIAMI FL 33055
Delete ☐

MATEO, MARIO O.
2380 S.W. 117 Ave
Miramar, FL 33025

TITLE NAME PCMT
MATEO, MARIO O.
STREET ADDRESS 2380 S.W. 117 Ave
CITY-ST-ZIP Miramar, FL 33025
Change ☒ Add ☐

TITLE NAME VS
BULLOCK, GARETH
STREET ADDRESS 20 N.W. 60TH COURT
CITY-ST-ZIP MIAMI FL 33126
Delete ☐

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Add ☐

TITLE NAME
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CITY-ST-ZIP
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CITY-ST-ZIP
Delete ☐

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Add ☐

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

3/19/01

Date

Daytime Phone #

(305) 652-5110

CR2E034 (10/00)