

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069447

1. Entity Name

BARBARA L. SADAKA, P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90229 047 ***150.00

Principal Place of Business

Mailing Address

80 S.W. 8TH STREET, 20TH FLOOR
 MIAMI FL 33130

80 S.W. 8TH STREET, 20TH FLOOR
 MIAMI FL 33130-3003

2. Principal Place of Business

80 S.W. 8th Street

3. Mailing Address

80 S.W. 8th Street

Suite, Apt. #, etc.

Suite 1720

Suite, Apt. #, etc.

Suite 1720

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0939033

Applied For

Not Applicable

Zip
 33130

Country
 USA

Zip
 33130

Country
 USA

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

SADAKA, BARBARA L
 80 S.W. 8TH STREET, 20TH FLOOR
 MIAMI FL 33130

Name

Sadaka, Barbara L.

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

80 S.W. 8th Street

Suite 1720

City Miami

FL

Zip Code

33130

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

Barbara L. Sadaka

Feb. 25, 2000

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
 NAME SADAKA, BARBARA L
 STREET ADDRESS 80 S.W. 8TH STREET, 20TH FLOOR
 CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

TITLE D
 NAME Sadaka, Barbara L.
 STREET ADDRESS 80 S.W. 8th Street, Suite 1720
 CITY-ST-ZIP Miami, FL 33130 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

Barbara L. Sadaka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 25, 2000

Date

305-577-4828

Daytime Phone #

CR2E034 (9/99)