

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000076652**

1. Entity Name

**B' LAKARA PROFESSIONALS, INC.**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90001 047 \*\*\*150.00

Principal Place of Business

**961 SE 20th AVE**  
**Deerfield Beach, FL**

Mailing Address

**961 SE 20th AVE**  
**Apt 201**  
**Deerfield Beach, FL**

2. Principal Place of Business

**961 SE 20th AVE**

3. Mailing Address

**961 SE 20th AVE**

Suite, Apt. #, etc.

**201**

Suite, Apt. #, etc.

**201**

DO NOT WRITE IN THIS SPACE

City & State

**Deerfield Beach, FL**

City & State

**Deerfield Beach, FL**

4. FRI Number

**65-0946494**

Applied For

Not Applicable

Zip

**33441**

Country

**USA**

Zip

**33441**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**Amalia Padilla**  
**961 SE 20th AVE #201**  
**Deerfield Beach, FL 33441**

7. Name and Address of New Registered Agent

Name **B' LAKARA PROFFESIONALS INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**961 S.E 20TH AVE #201**  
City **Deerfield Beach FL** Zip Code **33441**

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

**X Amalia Padilla**

(NOTE: Registered Agent signature required when reinstating)

**X 4/10/2000**

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

TITLE	<b>P/S</b>	<input type="checkbox"/> Delete
NAME	<b>Amalia Padilla</b>	
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	<b>P/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Amalia Padilla</b>	
STREET ADDRESS	<b>961 SE 20th AVE #201</b>	
CITY-ST-ZIP	<b>Deerfield Beach, FL 33441</b>	
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:

**Amalia Padilla**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/00**

Date

**698-1066**

Daytime Phone #

CR2E034 (9/99)