

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90225 032 ***150.00

DOCUMENT # P99000096523

1. Entity Name

UBIETA & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

9240 SUNSET DRIVE SUITE 219
MIAMI FL 33173

9240 SUNSET DRIVE SUITE 219
MIAMI FL 33173-3264

652790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9240 SUNSET DRIVE

3. Mailing Address

9240 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

219

219

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0976937

Applied For

Not Applicable

Zip

Country

33173

Zip

Country

33173

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

Name

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

City

FL

Zip Code

UBIETA, RAFAEL ESQ
9240 SUNSET DRIVE SUITE 219
MIAMI FL 33173

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

TITLE	PO	<input type="checkbox"/> Delete
NAME	UBIETA, RAFAEL ESQ	
STREET ADDRESS	9240 SUNSET DRIVE SUITE 219	
CITY-ST-ZIP	MIAMI FL 33173	
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
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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	<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
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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 (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

4/30/00 (305) 270-1211

CR2E034 (9/99)