

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S27341**

1. Entity Name

HEIL AND MENDEZ, P.A.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90075 028 ***150.00

Principal Place of Business

Mailing Address

6175 NW 153 ST
SUITE 230
MIAMI LAKES FL 33014
US6175 NW 153 ST
SUITE 230
MIAMI LAKES FL 33014-2420
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0241103**

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****HEIL, TIMOTHY J.**
6175 NW 153 ST
SUITE 230
MIAMI LAKES FL 33014

Name

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

City

FL

Zip Code

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 reinstalling)

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 State10. 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 ☐ DeleteNAME **HEIL, TIMOTHY J.**
STREET ADDRESS **6175 NW 153 ST STE 230**
CITY-ST-ZIP **MIAMI LAKES FL**TITLE ☐ DeleteNAME **TSD**
STREET ADDRESS **MENDEZ, LOUIS**
CITY-ST-ZIP **6175 SW 153ST STE 230**
MIAMI LAKES FLTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
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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:*Dwain Mendez* Treasurer

1/6/00 305-231-822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #