2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$85517

1. Entity Name

LAW OFFICES OF GLORIA C. GONZALEZ, P.A.



FILED Sep 18, 2000 8:00 am Secretary of State



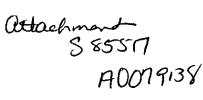
_					` /		09-18-	2000 9002	4 013 ***150	.00
Principal Plac	e of Business	Mailing Address]					
166 E 49 STREET HIALEAH FL 33015 US			166 E 49 STREET HIALEAH FL 33015 US							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt.#, etc.			1	DO NO	OT WRITE IN T	HIS SPACE	
City & Stale			City & State Us L			4. FEI Number 65-0309045 Applied For Not Applied ble				
330,	3 Country	512	Zip 33013	Country	7	5. Certifica	te of Status De	esired	\$8.75 Add Fee Required	
	6. Name and Addre	gistered Agent			7. Name a	nd Address of	New Registe	red Agent		
					Name					
Gonzalez, gloria c 166 e 49 street					Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH FL 33013										
				City		MA	loss		FL Zip Code	0/3
8. The above named entity submitted is evaluated and the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
SIGNATURE	Signature Good or printed name	of registered agent and	title if applicable. (NOT	E: Registered Agent s	ignature required	when reinstating)			4/// O	<u> </u>
9. This coveration is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After SEPTEMBER 13, 2000 Make Check Payable to D					vill be \$750	0.00 -	Election Campa Frust Fund Con			O May Be to Fees
11.	0	FFICERS AND DI	RECTORS	12.		ADDITION	S/CHANGES	TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME	PST Gonzalez, Glori	A C	☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	166 E 49 STREET			STREET ADDR	ss 1	1854	955 R 455 4 R	570/-	7	
TITLE	HIALEAH FL 33013 VD		☐ Delete	TITLE	FR	yic n	<u>, , </u>		☐ Change	Addition
NAME	GONZALEZ, GLORI	A C	Ocide	NAME		118 €	457	4981		
STREET ADDRESS	166 E 49 STREET			STREET ADDR	ss	this la	1 1	030/	3	
CITY-ST-ZIP	HIALEAH FL 33013			CITY-ST-ZIP	1	11/3 00	4/1/			
TITLE			☐ Delete	TITLE NAME					Change	Addition \
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CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			Delete	TITLE					Change	Addition
NAME			50,50	NAME					*	
STREET ADDRESS				STREET ADDRI	SS					
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP			N.03 - 5			,
13. I hereby o	ertify that the information	n supplied with th	is filing does not qualify fo	r the exemption	stated in Se	ection 119.07(3)(i), Florida St	atutes. I furthe	r certify that the in	ntormation or director

to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or truster changed, or on an attachment with an act

SIGNATURE:

Daytime Phone #





ABOGADO Telephone: (305) 827-0035 Fax: (305) 827-1057

118 East 49th Street Hialeah, Florida 33013

September 12, 2000

Department of State 409 East Gaines Street Tallahasse, Florida 32399

RE:FILING ANNUAL REPORT

Dear Ladies and Gentlemen:

Enclosed you will find the annual report filing status report together with the filing fee of \$150.00 Pursuant to my telephonic conversation with a customer service representative. The first notice report was not received by my office despite having filed a change of address form after a fire that caused extensive damage to my office and ultimately resulted in my relocation. Please note my new address in your records.

Sincerely,

Gloriae. Gonzalez, Esquire

GCG/rg