

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27875

1. Entity Name

SERGE C. ERNANDEZ, A.P., P.A.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90079 045 ***150.00

Principal Place of Business

1680 MERIDIAN AVE
 SUITE 402
 MIAMI BEACH FL 33139
 US

Mailing Address

1680 MERIDIAN AVE
 SUITE 402
 MIAMI BCH FL 33139-2825
 US

2. Principal Place of Business

1674 Meridian Ave
 Suite, Apt. #, etc. 211

3. Mailing Address

1674 Meridian Ave
 Suite, Apt. #, etc. 211

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-0325181

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

1674 ERNANDEZ, SERGE C
 1680 MERIDIAN AVE #402 211
 SUITE # 211
 MIAMI BCH FL 33139

7. Name and Address of New Registered Agent

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 Serge Ernandez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-2000

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 ☐ Delete
 NAME D
 STREET ADDRESS 1674 ERNANDEZ, SERGE
 CITY-ST-ZIP 1680 MERIDIAN AVE STE 402 211
 NORTH MIAMI BEACH FL 33139

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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: Serge Ernandez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SERGE ERNANDEZ 4-26-2000 305 534 4372