

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90054 033 \*\*\*150.00

**DOCUMENT # K80263**



1. Entity Name  
**J.M. BERENGUER AND ASSOCIATES, INC.**

Principal Place of Business <b>2801 PONCE DELEON SUITE 270 CORAL GABLES FL 33134 US</b>	Mailing Address <b>2801 PONCE DELEON SUITE 270 CORAL GABLES FL 33134 US</b>
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2. Principal Place of Business <b>2929 SW 3rd Avenue</b>	3. Mailing Address <b>2929 SW 3rd Avenue</b>
Suite, Apt. #, etc. <b>Suite 220</b>	Suite, Apt. #, etc. <b>Suite 220</b>

CHECK HERE IF MAKING CHANGES

City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>	4. FEI Number <b>65-0113936</b>	Applied For <input type="checkbox"/>
Zip <b>33129</b>	Country <b>U.S.</b>	Country <b>U.S.</b>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent <b>BERENGUER, JOSE M., III 2801 PONCE DELEON SUITE 270 CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Jose M. Berenguer, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>2929 SW 3rd Avenue</b> <b>Suite 220</b> City <b>Miami</b> FL Zip Code <b>33129</b>	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VVP</b>	<input type="checkbox"/> Delete	TITLE <b>VVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERENGUER, JOSE M.</b>		NAME	
STREET ADDRESS <b>2801 PONCE DELEON, STE. 270</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		CITY-ST-ZIP	
TITLE <b>DP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERENGUER, JOSE M., III</b>		NAME	
STREET ADDRESS <b>785 CURTIS WOOD DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>		CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERENGUER, MARTA P.</b>		NAME	
STREET ADDRESS <b>2801 PONCE DELEON, STE. 270</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERENGUER, ANA M</b>		NAME	
STREET ADDRESS <b>785 CURTISWOOD DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 correct 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose M. Berenguer III DATE: 1/7/2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)