## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 30, 2001 8:00 am **DOCUMENT # L08168 Secretary of State** 1. Entity Namê DONNELL, DU QUESNE & ALBAISA, P.A. 03-30-2001 90327 023 \*\*\*158.75 Principal Place of Business Mailing Address 4930 S.W. 74TH CT. 4930 S.W. 74TH CT. MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0138165 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VILLALOBOS, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 1320 S DIXIE HWY **STE 820** CORAL GABLES FL 33146 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DPT ☐ Delete TITLE TITLE DONNELL, RAMON NAME NAME 4930 S.W. 74th Court 4930 S.W. 7TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 4930 5.W. 74th Court TITLE ☐ Delete TITLE DU QUESNE, PEDRO J. NAME NAME 4930 S.W. 7TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE TITLE \_\_\_ 4930 5.W. 74th Court ALBAISA, AIDA NAME NAME 4930 SW 7 CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P MIAM! FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 anadress, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RAMON DONNELL