## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2002 8:00 am L62029 DOCUMENT # **Secretary of State** 1. Entity Name ARAN CORREA & GUARCH, P.A. 01-23-2002 90042 010 \*\*\*150.00 Principal Place of Business Mailing Address 710 SOUTH DIXIE HIGHWAY 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146-2602 CORAL GABLES FL 33146-2602 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 65-0185714 Not Applicable 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 ARAN, FERNANDO S. Street Address (P.O. Box Number is Not Acceptable) 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP TITLE ☐ Delete TITLE [7] Change ☐ Addition ARAN, FERNANDO S. NAME NAME 5730 SW 100 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CORREA, DANNY NAME NAME 13081 SAN MATEO ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIE TITLE TITLE ☐ Delete ☐ Change Addition GUARCH, JORGE M. JR NAME STREET ADDRESS **808 SOROLLA AVENUE** STREET ADDRESS CITY-ST-ZIP CCORAL GABLES FL CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 CITY-ST-7/P 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 of 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:

**FILED** 

CR2E034 (9/01