

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90123 012 ***150.00

DOCUMENT # P00000026958

1. Entity Name
PEDRO M. DE ARMAS, P.A.

Principal Place of Business
150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES FL 33134

Mailing Address
150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 ALHAMBRA CIRCLE

3. Mailing Address
201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.
SUITE 901

Suite, Apt. #, etc.
SUITE 901

City & State
CORAL GABLES, FL

City & State
CORAL GABLES FL

Zip **33134** Country **USA**

Zip **33134** Country **USA**

4. FEI Number **65-0985682** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DE ARMAS, PEDRO PA
150 ALHAMBRA CIRCLE
SUITE 800
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
DE ARMAS, PEDRO
Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIRCLE
SUITE 800
City **CORAL GABLES** **FL** **Zip Code** **33134**

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 *Pedro M. de Armas, Pedro M. de Armas, Director* *2/2/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ARMAS, PEDRO M PA 150 ALHAMBRA CIRCLE SUITE 800 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE ARMAS, PEDRO M. 201 ALHAMBRA CIRCLE # 901 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pedro M. de Armas, Pedro M. de Armas, Director* *2/2/02* *905 446 717*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)