FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90176 031 ***150.00

80122341

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110411

1. Entity Name
HECTOR VIDAURRE & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2200 NORTHWEST 127TH AVENUE PEMBROKE PINES, FL 33028	2200 NORTHWEST 127TH AVENUE PEMBROKE PINES, FL 33028

2. Principal Place of Business	3. Mailing Address
139 Dockside Terr	139 Dockside Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston FL	City & State: Weston FL
Zip: 33327 Country: USA	Zip: 33327 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1057842 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSTD NAME: VIDAURRE, HECTOR STREET ADDRESS: 2200 NORTHWEST 127TH AVENUE CITY-ST-ZIP: PEMBROKE PINES, FL 33028	☐ Delete	TITLE: PSTD NAME: Vidaurre, Hector STREET ADDRESS: 139 Dockside Terrace CITY-ST-ZIP: Weston, FL 33327	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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

SIGNATURE: [signature] 5/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #