

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0192764 AV

03-14-2002 90054 048 \*\*\*150.00

**DOCUMENT # P93000050928**

1. Entity Name  
**CARUNCHO, MARTINEZ & ALVAREZ ARCHITECTURE, INC.**

Principal Place of Business <b>2211 NORTHWEST 4TH TERRACE          MIAMI FL 33125          US</b>	Mailing Address <b>2211 NORTHWEST 4TH TERRACE          SUITE 910          MIAMI FL 33125          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0422559</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CARUNCHO, JOSEPH L PA  
 2600 DOUGLAS RD  
 SUITE 501  
 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.

SIGNATURE \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE & NAME P <b>CARUNCHO, JUAN ANDRES</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>188 SOUTH DRIVE</b>	
CITY-ST-ZIP <b>MIAMI SPRINGS FL</b>	
TITLE & NAME V <b>MARTINEZ, FRANK</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1028 OBISPO</b>	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	
TITLE & NAME ST <b>ALVAREZ-MARTINEZ, ANA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1028 OBISPO</b>	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	
TITLE & NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1028 OBISPO</b>	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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 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: *Ana Alvarez-Martinez* **3-1-02** **305-643-3711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)