

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90228 039 \*\*\*150.00

**DOCUMENT # P93000082369**

1. Entity Name  
**HUGO SOTOLONGO & ASSOCIATES, INC.**

Principal Place of Business 169 LINCOLN ROAD SUITE 324 MIAMI BEACH FL 33139 US	Mailing Address 169 LINCOLN ROAD SUITE 324 MIAMI BEACH FL 33139-2001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>420 Lincoln Rd.</b>	3. Mailing Address <b>850 SW 135</b>
Suite, Apt. #, etc. <b>300</b>	Suite, Apt. #, etc. <b>Miami</b>
City & State <b>Miami Beach</b>	City & State <b>Miami</b>
Zip <b>FL 33139</b> Country <b>USA</b>	Zip <b>FL 33135</b> Country <b>USA</b>

4. FEI Number **65-0629114** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SOTOLONGO, HUGO**  
**3992 ATLANTA STREET**  
**HOLLYWOOD FL 33021**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 *Hugo Sotolongo* DATE **4/30/00**  
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 Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SOTOLONGO, HUGO		
169 LINCOLN ROAD, SUITE 324	MIAMI BEACH FL		

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: *Hugo Sotolongo* DATE: **4/30/00** DAYTIME PHONE #: **305 6729009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)