

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 29, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000082369**

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

Principal Place of Business  
 420 LINCOLN ROAD  
 SUITE 300  
 MIAMI BEACH FL 33139 US

Mailing Address  
 850 SW 13 CT  
 MIAMI FL 33135 US

2. Principal Place of Business  
 850 SW 13TH. COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State  
 MIAMI FL

City & State

Zip Country  
 33135 US

Zip Country

4. FEI Number  
**65-0629114**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOTOLONGO HUGO  
 3992 ATLANTA STREET  
 HOLLYWOOD FL 33021 US

7. Name and Address of New Registered Agent

Name  
 SOTOLONGO HUGO

Street Address (P.O. Box Number is Not Acceptable)  
 850 SW 13TH. COURT

City MIAMI FL Zip Code 33135

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 04/29/2001

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTOLONGO HUGO 169 LINCOLN ROAD, SUITE 324 MIAMI BEACH FL <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTOLONGO HUGO 850 SW 13TH. COURT MIAMI FL 33135 <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

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 Pres Date 04/29/2001

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

CR2E034 (11/00)