

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90321 006 \*\*\*150.00

UBR 1001 01

**DOCUMENT # P95000056794**  
 1. Entity Name  
**NICOLAS FERNANDEZ, P.A.**

Principal Place of Business <b>780 NW LEJUNE RD STE 324 MIAMI FL 33126 US</b>	Mailing Address <b>780 NW LEJUNE RD STE 324 MIAMI FL 33126 US</b>
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**818345**



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	Zip	Country

4. FEI Number <b>65-0601144</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**

**ESQUIRE CORPORATE SERVICES INC.**  
**780 NW LEJUNE RD STE 324**  
**MIAMI FL 33126**

**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 \_\_\_\_\_  
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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FERNANDEZ, NICOLAS ESQ. 780 NW LEJUNE RD STE 324 MIAMI FL 33126</b>	<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		<input 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:** \_\_\_\_\_ **1-2202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

DOC#P95000056791

818345

NICOLAS FERNANDEZ, P.A.

ATTORNEYS AT LAW  
780 NORTHWEST LE JEUNE ROAD  
SUITE 324 • LE JEUNE CENTRE  
MIAMI, FLORIDA 33126

NICOLAS FERNANDEZ  
JACK GECKLER

OF COUNSEL

PAMELA J. REYNOLDS, P.A.  
MICHAEL ORTIZ, P.A.

TELEPHONE (305) 461-0404  
TELECOPIER (305) 461-0410  
E-MAIL NFERPA@cs.com

January 22, 2002

Via U.S. Mail

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

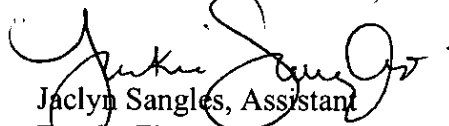
**RE: NICOLAS FERNANDEZ, P.A.**

Dear Sir or Madam:

Enclosed herewith please find the 2002 Uniform Business Report for the above referenced corporation together with check # 2927 made payable to the Department of State in the amount of \$150.00 representing your fees. Of course, if you should have any questions or comments, please do not hesitate to contact this office. Thank you.

Very truly yours,

NICOLAS FERNANDEZ, P.A.

  
Jaclyn Sangles, Assistant  
For the Firm

Enclosures