

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000036616

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: MASPONS FUNERAL HOME, INC.

**Current Principal Place of Business:**

4111 LEJEUNE ROAD  
CORAL GABLES, FL 33146311 US

**New Principal Place of Business:**

7895 SW 40TH STREET  
MIAMI, FL 33155 US

**Current Mailing Address:**

4111 LEJEUNE ROAD  
CORAL GABLES, FL 33146311 US

**New Mailing Address:**

7895 SW 40TH STREET  
MIAMI, FL 33155 US

FEI Number: 65-0749594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
ONE HARBOUR PLACE, 5TH FL.  
777 S. HARBOUR ISLAND BLVD.  
TAMPA, FL 336025730 US

**Name and Address of New Registered Agent:**

MASPONS, ERIC  
7895 SW 40TH STREET  
MIAMI, FL 33155 US

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: ERIC MASPONS

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RIVERO, ERIC MASPONS  
Address: 4111 LEJEUNE ROAD  
City-St-Zip: CORAL GABLES, FL 331461311

Title: DVP ( ) Delete  
Name: MASPONS, MIGUEL  
Address: 4111 LEJEUNE RD  
City-St-Zip: CORAL GABLES, FL 331461311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC MASPONS RIVERO

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date