

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90089 038 ***150.00

DOCUMENT # P97000082404

1. Entity Name

BOFILL & VILAR, P.A.

Principal Place of Business

3191 CORAL WAY
SUITE 800
MIAMI FL 33145

Mailing Address

3191 CORAL WAY
SUITE 800
MIAMI FL 33145

2. Principal Place of Business

999 Ponce de Leon BLVD

3. Mailing Address

999 Ponce de Leon BLVD

Suite, Apt. #, etc.

Penthouse 1120

Suite, Apt. #, etc.

Penthouse 1120

City & State

Coral Gables, FL 33134

City & State

Coral Gables, FL

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

4. FEI Number

65-0808865

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

BOFILL, JOSE C
3191 CORAL WAY
SUITE 800
MIAMI FL 33145

Name

Bofill, Jose C.

Street Address (P.O. Box Number is Not Acceptable)

999 Ponce de Leon BLVD, Suite 1120

City

Coral Gables

FL

Zip Code

33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BOFILL, JOSE C ESQ**
STREET ADDRESS **3191 CORAL WAY, SUITE 800**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **VILAR, PATRICK E**
STREET ADDRESS **3191 CORAL WAY, SUITE 800**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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)(l), 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:

Jose C. Bofill President

4/10/01

305-443-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)