02-07-2002 90027 029 ***150.00

P98000077841

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR -6 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077834

1. Entity Name

Borbolla and Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
265 Sevilla Avenue	265 Sevilla Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Coral Gables, FL	City & State: Coral Gables, FL	4. FEI Number: 65-0861884 ☐ Applied For ☐ Not Applicable
Zip: 33134 Country: US	Zip: 33134 Country: US	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ignacio Borbolla

Street Address (P.O. Box Number is Not Acceptable): 265 Sevilla Avenue

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 _____ DATE

Signature required of current registered agent if changing

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	President Ignacio Borbolla 265 Sevilla Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Leticia Borbolla 265 Sevilla Avenue Coral Gables, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/01)