

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90020 044 ***150.00

DOCUMENT # P99000016987

1. Entity Name
FERNANDO J. PORTUONDO, P.A.

Principal Place of Business
~~3211 PONCE DE LEON BLVD.~~
~~SUITE 201~~
CORAL GABLES FL 33134

Mailing Address
~~3211 PONCE DE LEON BLVD.~~
~~SUITE 201~~
CORAL GABLES FL 33134



2. Principal Place of Business
2121 Ponce De Leon Blvd.
 Suite, Apt. #, etc.
Suite 600

3. Mailing Address
2121 Ponce De Leon Blvd.
 Suite, Apt. #, etc.
Suite 600

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number **65-0897359** Applied For
 Not Applicable

Zip **33134** Country **USA**

Zip **33134** Country **USA**

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

6. Name and Address of Current Registered Agent
PORTUONDO, FERNANDO J
~~3211 PONCE DE LEON BLVD.~~
~~SUITE 201~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent
 Name **Fernando J. Portuondo**
 Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce De Leon Blvd.
Suite 600
 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 **1/28/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	<input type="checkbox"/> Delete
NAME PORTUONDO, FERANANDO J	
STREET ADDRESS 3211 PONCE DE LEON BLVD.	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fernando J. Portuondo	
STREET ADDRESS 2121 Ponce De Leon Blvd. # 600	
CITY-ST-ZIP Coral Gables, FL 33134	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/28/02** Daytime Phone # **(305) 567-9953**

00132721 1/11

CR2E034 (9/01)