

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90018 002 ***150.00

DOCUMENT # S97584

1. Entity Name

BRITO, COHAN & ASSOCIATES, A.I.A., P.A.

Principal Place of Business

Mailing Address

**4940-4944 LEJEUNE ROAD
 CORAL GABLES FL 33146
 US**

**4940-4944 LEJEUNE ROAD
 CORAL GABLES FL 33146
 US**

2. Principal Place of Business

4942 LeJeune

3. Mailing Address

4942 LeJeune Road

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

65-0300981

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRITO, GUIDO
 1425 BELLA VISTA
 CORAL GABLES, FL
 MIAMI FL 33156**

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, 2000 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 **PD** Delete
- NAME **BRITO, GUIDO**
- STREET ADDRESS **1425 BELLA VISTA**
- CITY-ST-ZIP **CORAL GABLES FL**
- TITLE **VST** Delete
- NAME **COHAN, LAWRENCE**
- STREET ADDRESS **910 PLACETAS AVE**
- CITY-ST-ZIP **CORAL GABLES FL**
- TITLE **D** Delete
- NAME **COHAN, LAWRENCE**
- STREET ADDRESS **910 PLACETAS AVE**
- CITY-ST-ZIP **CORAL GABLES FL**
- TITLE Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Guido Brito
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

Date

Daytime Phone #

CR2E034 (9/99)