

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S97584**

1. Entity Name

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

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90018 002 ***150.00

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

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	<input type="checkbox"/> Delete
NAME	BRITO, GUIDO	
STREET ADDRESS	1425 BELLA VISTA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	COHAN, LAWRENCE	
STREET ADDRESS	910 PLACETAS AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHAN, LAWRENCE	
STREET ADDRESS	910 PLACETAS AVE	
CITY-ST-ZIP	CORAL GABLES FL	
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	<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	
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

Daytime Phone #

1-27-00

CR2E034 (9/99)