FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90147 016 ***150.00

DOCUMENT # P02000026459

1. Entity Name
ACUÑA & ASSOCIATES, INC.

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700028385

2. Principal Place of Business	3. Mailing Address
6850 CORAL WAY	6850 CORAL WAY
Suite, Apt. #, etc. 403	Suite, Apt. #, etc. 403
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33155 Country USA	Zip 33155 Country USA

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4. FEI Number 01-0632194 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DORA ACUÑA GAMEZ
Street Address (P.O. Box Number is Not Acceptable): 6850 CORAL WAY # 403
City: MIAMI FL Zip Code: 33155

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, typed or printed name of registered agent and title if applicable. (Last: 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) ☐

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	P/D
NAME	DORA ACUÑA GAMEZ
STREET ADDRESS	6850 CORAL WAY #403
CITY-ST-ZIP	MIAMI FL. 33155
TITLE	V/P/D
NAME	MANUEL GODOY
STREET ADDRESS	6850 CORAL WAY #403
CITY-ST-ZIP	MIAMI FL. 33155
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NAME	
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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.