2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State
04-28-2003 90080 045 ****50.00

DOCUMENT # L02000018063

1. Entity Name

GUTIERREZ & ASSOCIATES, P.L.

Principal Place of Business	Mailing Address
601 BRICKELL KEY DR. SUITE 201 MIAMI FL 33131	601 BRICKELL KEY DR. SUITE 201 MIAMI FL 33131

44001614

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0123627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RENALDY J. GUTIERREZ, P.A.
601 BRICKELL KEY DR., STE. 501
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Renaldy J. Gutierrez, P.A.
Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Drive
Suite 201
City Miami FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Renaldy J. Gutierrez - President 4/22/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR NAME Renaldy J. Gutierrez, P.A. STREET ADDRESS 601 Brickell Key Drive, Suite 201 CITY-ST-ZIP Miami, Florida 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ESQUIRE Renaldy J. Gutierrez 4/22/2003 (305) 577-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #