

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 405565

Entity Name  
G.V. PIREZ ASSOCIATES, INC

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90074 029 \*\*\*150.00

Principal Place of Business

1385 CORAL WAY  
SUITE 202  
MIAMI FL 33145-9941

Mailing Address

1385 CORAL WAY  
SUITE 202  
MIAMI FL 33145-9941

Principal Place of Business

7315 S.W. 87<sup>th</sup> Avenue

3. Mailing Address

7315 S.W. 87<sup>th</sup> Avenue

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-1410052

Applied For

Not Applicable

Zip

33173

Country

U.S.A.

Zip

33173

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GEORGE V. PIREZ  
1385 CORAL WAY  
SUITE 202  
MIAMI FL 33145

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7315 S.W. 87<sup>th</sup> Avenue

Suite 100

City

Miami

FL

Zip Code

33173

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

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

## 1. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIREZ, GEORGE V	
STREET ADDRESS	1385 CORAL WAY #202-	
CITY-ST-ZIP	MIAMI-FLA.	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PIREZ, GEORGE	
STREET ADDRESS	1385 CORAL WAY #202	
CITY-ST-ZIP	MIAMI-FLA.	
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	7315 S.W. 87 <sup>th</sup> Ave. Suite 100
CITY-ST-ZIP	Miami, FL 33173
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7315 S.W. 87 <sup>th</sup> Ave. Suite 100
CITY-ST-ZIP	Miami, FL 33173
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	

3. 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:

*George V. Pirez*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 4, 2002

Date

305  
412-2200  
Daytime Phone #

CR2E034 (9/01)