

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90266 029 \*\*\*150.00

**DOCUMENT # 524826**

1. Entity Name  
**MARCELO M. AGUDO, P.A.**

Principal Place of Business

Mailing Address

**501 BRICKELL KEY DR.  
 300  
 MIAMI FL 33131  
 US**

**501 BRICKELL AVE.  
 300  
 MIAMI FL 33131  
 US**

05-14-2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**601 Brickell Key Drive  
 Suite 801**

**601 Brickell Key Drive  
 Suite 801**

City & State  
**Miami FLA.**

City & State  
**Miami, FLA**

4. FEI Number **59-1736418**

Applied For  
 Not Applicable

Zip **33131-2649** Country **USA**

Zip **33131-2649** Country **USA**

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

**AGUDO, MARCELO M.  
 501 BRICKELL KEY DRIVE  
 SUITE 300  
 MIAMI FL 33131**

Name  
**MARCELO M. AGUDO**

Street Address (P.O. Box Number is Not Acceptable)  
**601 BRICKELL KEY DRIVE**

**SUITE 801**

City **MIAMI** FL Zip Code **33131-2649**

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 **MARCELO M. AGUDO** (NOTE: Registered Agent signature required when reinstating)

**4/29/01**  
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Delete  
 NAME **AGUDO, MARCELO M**  
 STREET ADDRESS **601 BRICKELL KEY DR., STE 801**  
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☐ Delete  
 NAME **AGUDO, MARCELO M**  
 STREET ADDRESS **501 BRICKELL AVE., SUITE 300 601 Brickell**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☐ Addition  
 NAME **MARCELO M. AGUDO**  
 STREET ADDRESS **601 BRICKELL KEY DRIVE SUITE 801**  
 CITY-ST-ZIP **MIAMI, FL. 33131-2649**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: **MARCELO M. AGUDO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/01 305-372 8882**  
 Date Daytime Phone #

CR2E034 (10/00)