

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90084 002 ***150.00

DOCUMENT # 524826

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

Principal Place of Business
601 BRICKELL KEY DR. SUITE 801
MIAMI FL 33131-2649
US

Mailing Address
601 BRICKELL KEY DR. SUITE 801
MIAMI FL 33131-2649
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2333 Ponce de Leon Blvd.

3. Mailing Address
2333 Ponce de Leon Blvd.

Suite, Apt. #, etc.
Suite PH 1120

Suite, Apt. #, etc.
Suite PH 1120

City & State
Coral Gables, FL.

City & State
Coral Gables, FL.

4. FEI Number **59-1736418**

Applied For
☐ Not Applicable

Zip
33134-5427

Country
USA

Zip
33134-5427

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.
601 BRICKELL KEY DR. SUITE 801
MIAMI FL 33131-2649

Name
AGUDO, MARCELO M.

Street Address (P.O. Box Number is Not Acceptable)
2333 Ponce de Leon Blvd. Suite PH 1120

City
MIAMI

FL Zip Code
33134-5427

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**

4/29/02

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS AGUDO, MARCELO M 601 BRICKELL KEY DR., STE 801 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUDO, MARCELO M 601 BRICKELL KEY DR. SUITE 801 MIAMI FL 33131-2649	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS AGUDO, MARCELO M. 2333 Ponce de Leon Blvd, Suite PH 1120 CORAL GABLES, FL. 33134-5427	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUDO, MARCELO M. 2333 Ponce de Leon Blvd., Suite PH 1120 CORAL GABLES, FL. 33134-5427	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 305-448-4747

Date

Daytime Phone #

CR2E034 (9/01)