

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90268 049 ***150.00

DOCUMENT # 527754

1. Entity Name
R. PALACIOS & COMPANY

Principal Place of Business 4973 SW 74TH COURT MIAMI FL 33155	Mailing Address 4973 SW 74TH COURT MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2332065** Applied For
 Not Applicable

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. (ESQ)
 601 BRICKELL KEY DR
 804
 MIAMI FL 33131**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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. **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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	PALACIOS, RAFAEL R.		
STREET ADDRESS	4973 SW 74TH COURT		
CITY-ST-ZIP	MIAMI FL		
ST	LOPEZ, MARIA M.		
STREET ADDRESS	4973 SW 74TH COURT		
CITY-ST-ZIP	MIAMI FL		
VP	TORRADO, DAVID		
STREET ADDRESS	4973 SW 74TH COURT		
CITY-ST-ZIP	MIAMI FL		
VP	RIVERA, ANGEL A.		
STREET ADDRESS	4973 SW 74TH COURT		
CITY-ST-ZIP	MIAMI FL		

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: _____ Date: **1/20/2001** Daytime Phone #: **305-665-9281**

CR2E034 (10/00)