

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32995**

1. Entity Name

NORONHA ADVOGADOS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -6 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1221 BRICKELL AVENUE, SUITE 1470
MIAMI FL 33131

Mailing Address
1221 BRICKELL AVENUE, SUITE 1470
MIAMI FL 33131-3259

2. Principal Place of Business
1221 Brickell Avenue
Suite, Apt. #, etc.
9th Floor

3. Mailing Address
1221 Brickell Avenue
Suite, Apt. #, etc.
9th Floor

City & State
Miami - Florida

City & State
Miami - Florida

Zip Country
33131 USA

Zip Country
33131 USA

4. FEI Number **65-0380821**

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

CANTUARIA, ANA L
1221 BRICKELL AVENUE, SUITE 1470
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Avenue

9th Floor

City
Miami - Florida

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. **\$115,577.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **V37622**
NAME **NORONHA & ASSOC., P.A.**
STREET ADDRESS **1221 BRICKELL AVE., #1040**
CITY - ST - ZIP **MIAMI FL 33131**

STREET ADDRESS **1221 Brickell Avenue - 9th Floor**

CITY - ST - ZIP **Miami - Florida - 33131**

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/20/00 (305) 372-0844

Date

Daytime Phone #