

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F79703

1. Entity Name

MOURIZ, SALAZAR & ASSOCIATES, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90178 001 ***150.00

04-19-2000 90178 002 *****8.75

Principal Place of Business 7695 S W 104TH STREET STE 100 MIAMI FL 33156 US	Mailing Address 7695 S W 104TH STREET STE 100 MIAMI FL 33156-3159 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 601 Ivan A Gomez P.A. 601 Brickell Key Drive 507
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City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 59-2203628	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IVAN A. GOMEZ, P.A.
601 BRICKELL KEY DR.
SUITE 507
MIAMI FL 33136

7. Name and Address of New Registered Agent

Name
IAG CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive
507
City
Miami 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 By: Ivan A. Gomez, Pres. DATE 4/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALAZAR, GABRIEL 6200 SW 114 ST. MIAMI, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOURIZ, GEORGE 6190 MOSS RANCH RD. MIAMI, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 (305) 213 9911
Date Daytime Phone #