

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G04210

1. Entity Name

MASPONS, GOICOURIA, ESTEVEZ, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90005 027 ***158.75

Principal Place of Business

150 ALHAMBRA CIRCLE
STE 700
CORAL GABLES FL 33134
US

Mailing Address

150 ALHAMBRA CIRCLE
STE 700
CORAL GABLES FL 33134-4505
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2229689

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

ESTEVEZ, JOSE L
150 ALHAMBRA CIR
STE 700
CORAL GABLES FL 33134

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

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, 2000 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 VPS
NAME ESTEVEZ, JOSE L.
STREET ADDRESS 150 ALHAMBRA CIRCLE, #700
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE VPT
NAME GOICOURIA, PEDRO A.
STREET ADDRESS 150 ALHAMBRA CIRCLE #700
CITY-ST-ZIP CORAL GABLES, FL 00000 33134 ☐ Delete

TITLE P
NAME MASPONS, ERIC
STREET ADDRESS 150 ALHAMBRA CIRCLE #700
CITY-ST-ZIP CORAL GABLES, FL 00000 ☒ Delete

TITLE VPD
NAME MAPONS, ERIC
STREET ADDRESS 150 ALHAMBRA CIRCLE #700
CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE VPD
NAME SMITH, ROBERTO A.
STREET ADDRESS 150 AHAMBRA CIRCLE #700
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VPD
NAME CONESA, ROLANDO
STREET ADDRESS 150 ALHAMBRA CIRCLE
CITY-ST-ZIP #700 CORAL GABLES, FL 33134 ☐ Change ☒ Addition

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

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

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

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

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

Date

Daytime Phone #

CR2E034 (9/99)