

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91077 019 ***158.75

DOCUMENT # 006956

1. Entity Name

CRISTINA DE C. CARTAGENOVA, P.A.



DO NOT WRITE IN THIS SPACE

90053532

2. Principal Place of Business

1627 Brickell Avenue

Suite, Apt. #, etc.

1806

City & State
Miami, Florida

Zip
33129

Country

U.S.A.

3. Mailing Address

1627 Brickell Avenue

Suite, Apt. #, etc.

1806

City & State
Miami, Florida

Zip

33129

Country

U.S.A.

4. FEI Number

65-0107712

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

De Cardenas Cartagenova, Cristina

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

1627 Brickell Avenue, Apt. 1806

City

Miami

FL

Zip Code
33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 3-14-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D.
De Cardenas Cartagenova, Crist
1627 Brickell Avenue, Ste 1806
Miami, Florida 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with an officer like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

X 3-14-03

Date

X 305-285-1304

Daytime Phone #

CR2E034B (12/02)