

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90137 022 ***150.00

DOCUMENT # H74985

1. Entity Name

747 BUILDING ASSOCIATES, INC.

Principal Place of Business

**747 PONCE DE LEON BLVD.
 CORAL GABLES FL 33114-8058
 US**

Mailing Address

**747 PONCE DE LEON BLVD.
 P.O. BOX 141058
 CORAL GABLES FL 33114-8058**

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 **59-2571162**

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

**FERNANDEZ-CAROL, ADOLFO
 3659 S MIAMI AVE
 5001
 MIAMI FL 33133**

Name
FLOREZ, LUIS R.

Street Address (P.O. Box Number is Not Acceptable)
747 PONCE DE LEON BLVD., SUITE 409

City
CORAL GABLES

FL Zip Code
33134

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  **LUIS R. FLOREZ, M.D. TREASURER** 01/22/01
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, 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

TITLE **P** ☐ Delete
 NAME **MARTINEZ, ELENA R**
 STREET ADDRESS **3661 S MIAMI AVE SUITE 801**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☒ Change ☐ Addition
 NAME **MARTINEZ, ELENA R.**
 STREET ADDRESS **65 SHORE DRIVE W.**
 CITY-ST-ZIP **MIAMI, FL 33131-2619**

TITLE **D** ☐ Delete
 NAME **PUJALS, SANTIAGO**
 STREET ADDRESS **747 PONCE DE LEON BLVD.**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **PUJALS, SANTIAGO**
 STREET ADDRESS **3661 S MIAMI AVENUE, SUITE 905**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **T** ☒ Delete
 NAME **FERNANDEZ-CAROL, ADOLFO**
 STREET ADDRESS **747 PONCE DE LEON BLVD**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **CANDELA, ANDRES**
 STREET ADDRESS **3661 S MIAMI AVENUE, SUITE 203**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **VP** ☐ Delete
 NAME **GARCIA-LINARES, MANUEL**
 STREET ADDRESS **3661 S MIAMI AVE SUITE 605**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☒ Change ☐ Addition
 NAME **GARCIA-LINARES, MANUEL**
 STREET ADDRESS **3661 S MIAMI AVE., SUITE 605**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **S** ☐ Delete
 NAME **BARRIOS, IVAN J**
 STREET ADDRESS **747 PONCE DE LEON BLVD 503**
 CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE **D** ☐ Delete
 NAME **FLOREZ, LUIS R**
 STREET ADDRESS **747 PONCE DE LEON BLVD 409**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **T** ☒ Change ☐ Addition
 NAME **FLOREZ, LUIS R.**
 STREET ADDRESS **747 PONCE DE LEON BLVD., SUITE 409**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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:  **IVAN J. BARRIOS, M.D.** 01/22/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)