

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90085 001 ***450.00

0343927

DOCUMENT # J41600

1. Entity Name
ESCOBAR, GOMEZ & RAMIREZ, P.A.

Principal Place of Business
~~2708 W. KENNEDY BLVD.~~
TAMPA FL 33609

Mailing Address
~~2708 W. KENNEDY BLVD.~~
TAMPA FL 33609

Change of address

2. Principal Place of Business
2917 W. Kennedy Blvd

3. Mailing Address
2917 W Kennedy Blvd

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number **59-2739654**

Applied For
Not Applicable

Zip *33609*

Country

Zip *33609*

Country

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

ESCOBAR, RICHARD
~~2708 W. KENNEDY BLVD.~~
TAMPA FL 33609

Name
Street Address (P.O. Box Number is Not Acceptable)
2917 W. Kennedy Blvd
City *Tampa* FL Zip Code *33609*

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 _____ DATE _____
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)

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 NAME Delete
PD ESCOBAR, RICHARD
STREET ADDRESS ~~2708 W. KENNEDY BLVD.~~
CITY-ST-ZIP **TAMPA FL**

TITLE NAME Change Addition
2917 W. Kennedy Blvd
STREET ADDRESS
CITY-ST-ZIP *Tampa FL 33609*

TITLE NAME Delete
VP RAMIREZ, CARLOS
STREET ADDRESS ~~2708 W KENNEDY BLVD~~
CITY-ST-ZIP **TAMPA FL**

TITLE NAME Change Addition
2917 W Kennedy Blvd
STREET ADDRESS
CITY-ST-ZIP *Tampa FL 33609*

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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: *Richard Escobar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01
Date

Daytime Phone #

CR2E034 (10/00)