

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**  
 04-17-2002 90108 025 \*\*\*158.75

0019870 AV

**DOCUMENT # K19612**

**1. Entity Name**  
**CORZO CASTELLA CARBALLO THOMPSON SALMAN, P.A.**

**Principal Place of Business**  
 901 PONCE DE LEON BLVD.  
 SUITE 900  
 CORAL GABLES FL 33134

**Mailing Address**  
 901 PONCE DE LEON BLVD.  
 SUITE 900  
 CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-0039493**

Applied For

Not Applicable

Zip

Country

Zip

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**

**CORZO, JORGE E.**  
**22 SALAMANCA AVE**  
**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, 2002 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** **VD** ☐ Delete  
**NAME** **SALMAN, JAVIER F.**  
**STREET ADDRESS** **1534 MANTUA AVE**  
**CITY-ST-ZIP** **CORAL GABLES FL 33146**

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

**TITLE** **VD** ☐ Delete  
**NAME** **CASTELLA, RAMON**  
**STREET ADDRESS** **5911 SW 29 STREET**  
**CITY-ST-ZIP** **MIAMI FL**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** **MIAMI, FL 33155**

**TITLE** **VTSD** ☐ Delete  
**NAME** **CARBALLO, ROBERT T.**  
**STREET ADDRESS** **10850 SW 63RD ST.**  
**CITY-ST-ZIP** **MIAMI FL**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **14371 SW 29 Street**  
**CITY-ST-ZIP** **MIAMI, FL 33175**

**TITLE** **VD** ☐ Delete  
**NAME** **THOMPSON, LEROY E.**  
**STREET ADDRESS** **PO BOX 890516**  
**CITY-ST-ZIP** **MIAMI FL 33283-0516**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **15904 SW 61 COURT**  
**CITY-ST-ZIP** **DAVIE, FL 33331-3472**

**TITLE** **PD** ☐ Delete  
**NAME** **CORZO, JORGE E.**  
**STREET ADDRESS** **22 SALAMANCA AVE**  
**CITY-ST-ZIP** **CORAL GABLES FL 33134**

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

**TITLE** **VD** ☐ Delete  
**NAME** **GLUNT, TERRANCE N**  
**STREET ADDRESS** **1456 SE 6TH STREET**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33441**

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

**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

**APRIL 9, 2002**

Date

**305-445-2900**

Daytime Phone #

CR2E034 (9/01)