

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90264 044 ***158.75

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**

11010607



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**

☐ CHECK HERE IF MAKING CHANGES

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 **Corzo, Jorge E.**

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

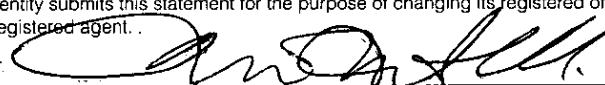
2665 SW 37 Avenue Apt 1407

City **Miami**

FL

Zip Code **33133**

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)

4-22-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. 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 33155**

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

TITLE **VTSD** ☐ Delete
NAME **CARBALLO, ROBERT T.**
STREET ADDRESS **14371 SW 29 STREET**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **VD** ☐ Delete
NAME **THOMPSON, LEROY E.**
STREET ADDRESS **15904 SW 61 COURT**
CITY-ST-ZIP **DAVE FL 33331-3472**

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

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 **2665 SW 37 Avenue Apt. 1407**
CITY-ST-ZIP **Miami, FL 33133**

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

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 Block 11 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

305-445-2900 4-22-03

Date

Daytime Phone #

CR2E034 (10/02)