

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90017 004 ***150.00

DOCUMENT # K50378

1. Entity Name
LUCIO, BRONSTEIN, GARBETT, STIPHANY & MARTINEZ,

Principal Place of Business 701 BRICKELL AVE. SUITE 2000 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE. SUITE 2000 MIAMI FL 33131-2834
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DO NOT WRITE IN THIS SPACE

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 65-0089263	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
WLMC REGISTERED AGENTS, INC
701 BRICKELL AVE, SUITE 2000
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ (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, 2000 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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, ELIO F	
STREET ADDRESS	701 BRICKELL AVE #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	LUCIO, SATURNINO E., II	
STREET ADDRESS	701 BRICKELL AVE #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MANDLER, JEFFREY L.	
STREET ADDRESS	701 BRICKELL AVE #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STIPHANY, GARY S	
STREET ADDRESS	701 BRICKELL AVE #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MVD	<input type="checkbox"/> Delete
NAME	BRONSTEIN, PETER E	
STREET ADDRESS	701 BRICKELL AVE. #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARBETT, DAVID S.	
STREET ADDRESS	701 BRICKELL AVE. #2000	
CITY-ST-ZIP	MIAMI FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ADD "SECRETARY"	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ADD "TREASURER"	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] DATE: 1/4/2000 DAYTIME PHONE #: (305) 579-0012

CR2E034 (9/99)