

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90204 013 ***150.00

DOCUMENT # M16771

1. Entity Name

HALEY, SINAGRA & PEREZ, P.A.

Principal Place of Business

C/O ALFONSO J. PEREZ JR.
100 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address

C/O ALFONSO J. PEREZ JR.
100 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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

59-2544720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ALFONSO J. JR.
100 S. BISCAYNE BLVD., #800
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

JAMES T. HALEY

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

100 S. Biscayne Blvd Suite 800

City

Miami

City

Miami

FL

Zip Code

33131

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

1/7/02

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

TITLE ☐ Delete
NAME VST
STREET ADDRESS PEREZ, ALFONSO J. JR.
CITY-ST-ZIP 100 S BISCAYNE BLVD #800
MIAMI FL

TITLE ☐ Delete
NAME PD
STREET ADDRESS SINAGRA, FRANK J.
CITY-ST-ZIP 100 S BISCAYNE BLVD #800
MIAMI FL

TITLE ☐ Delete
NAME VPD
STREET ADDRESS HALEY, JAMES T.
CITY-ST-ZIP 100 S BISCAYNE BLVD #800
MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

Alfonso J. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/07/02 (305) 3741300
Daytime Phone #

CP2002-34 (9/01)