

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90045 002 \*\*\*150.00

**00035649**



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # M21109</b>																										
<b>1. Entity Name</b> <b>VITIER &amp; KOPETMAN, P.A. EBERTO A. VITIER, P. A.</b>																										
<b>Principal Place of Business</b> <b>VITIER &amp; KOPETMAN, P.A. EBERTO A. VITIER, P.A.</b> 2655 LEJEUNE RD STE PH-2-B CORAL GABLES FL 33134 US		<b>Mailing Address</b> <b>VITIER &amp; KOPETMAN, P.A. EBERTO A. VITIER, P.A.</b> 2655 LEJEUNE RD STE PH-2-B CORAL GABLES FL 33134 US																								
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.																								
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>																							
<b>4. FEI Number</b> <b>59-2581572</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																					
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Not Applicable																										
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																										
<b>6. Name and Address of Current Registered Agent</b>  <b>VITIER, EBERTO A</b> <b>2655 LE JEUNE ROAD</b> <b>STE PH 2-B</b> <b>CORAL GABLES FL 33134</b>		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code																								
<b>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.</b>																										
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																										
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																								
<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																								
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																								
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*EBERTO A. VITIER*

Date

*4/10/01 305-444-7855*

Daytime Phone #

CR2E034 (10/00)