

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55949

1. Entity Name

Stubbs & Pulecio Associates, Inc.

Principal Place of Business

Mailing Address

6039 Collins Ave. Ste: 1734  
Miami Beach, FL 33140

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

59-2828076

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Pinto-Torres, Francisco J.  
9010 SW 137 Ave.  
Ste: 213  
Miami, FL 33186

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, 2001 Fee will be \$550.00  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P151T  
Nancy Pulecio  
6039 Collins Ave. Ste: 1734  
Miami Beach, FL 33140

☐ Delete

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

TITLE  
NAME  
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CITY - ST - ZIP  
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NAME  
STREET ADDRESS  
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000004419030--4  
-06/14/01--01011--021  
\*\*\*158.75 \*\*\*158.75  
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TITLE  
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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

mw

Pg 10 of 2  
APPROVED  
AND  
FILED

01 JUN -8 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pg 2 of 2

STUBBS & PULECIO ASSOCIATES, INC.  
DOC.# M55949

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A  
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY  
UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECEIVED ANY NOTIFICATION FROM  
YOUR OFFICE.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN  
ITS CURRENT STATUS. THANK YOU IN ADVANCE FOR YOUR PROMPT  
ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION  
REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
NANCY PULECIO  
PRESIDENT