

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90261 024 ***150.00

DOCUMENT # M62626
1. Entity Name
CORPORATE & PERSONAL ADVISORS, INC

Principal Place of Business 1365 STILLWATER DR MIAMI BEACH FL 33141 US	Mailing Address 1365 STILLWATER DR MIAMI BEACH FL 33141 US
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2. Principal Place of Business 17600 N Bay Rd Suite, Apt. #, etc. Apt 703-N City & State Sunny Isles Beach FL Zip 33160-2866 Country Dade	3. Mailing Address 17600 N Bay Rd Suite, Apt. #, etc. Apt 703-N City & State Sunny Isles Beach FL Zip 33160-2866 Country Dade
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0069732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FERNANDEZ, CRISTINA P
1365 STILLWATER DR
MIAMI BEACH FL 33141

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 _____
 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, 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 PD	<input type="checkbox"/> Delete
NAME FERNANDEZ, MAYTE	
STREET ADDRESS 1365 STILLWATER DR	
CITY-ST-ZIP MIAMI BEACH FL	
TITLE SD	<input type="checkbox"/> Delete
NAME FERNANDEZ, CRISTINA	
STREET ADDRESS 1365 STILLWATER DR	
CITY-ST-ZIP MIAMI BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fernandez Mayte	
STREET ADDRESS 17600 N BAY RD APT 703-N	
CITY-ST-ZIP Sunny Isles Beach FL 33160-2866	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Mayte Fernandez **REQUIRED** 3/8/2002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)