

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M69129

1. Entity Name
RAUL E. DE CUBAS, P.A.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90356 022 ***150.00

Principal Place of Business % RAUL E. DE CUBAS 1313 PONCE DE LEON BLVD #301 CORAL GABLES FL 33134	Mailing Address % RAUL E. DE CUBAS 1313 PONCE DE LEON BLVD #301 CORAL GABLES FL 33134
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 9410 W. Flagler Street Suite, Apt. #, etc. Suite 214
City & State	City & State Miami, FL 33174
Zip Country	Zip 33174 Country Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0046402	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 DE CUBAS, RAUL E 1313 PONCE DE LEON BLVD. #301 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 9410 W. Flagler Street, Suite 214 City Miami FL Zip Code 33174
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE CUBAS, RAUL E. 1313 PONCE DE LEON BLVD CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VS & VT Mercedes M. de Cubas 310 Ridgewood, Key Biscayne, FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Raul E. de Cubas* **RAUL E. DE CUBAS, President** 4/23/01 (305) 221-7230
Date Daytime Phone #

CR2E034 (10/00)