2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State
05-17-2001 90393 019 ***150.00

48502

DOCUMENT # P00000003124

1. Entity Name
PATRICIA DEL PINO ARIAS, P.A.

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD., SUITE 4820 MIAMI FL 33131	200 SOUTH BISCAYNE BLVD., SUITE 4820 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
555 N.E. 15 Street	555 N.E. 15 Street
Suite, Apt. #, etc. #26C	Suite, Apt. #, etc. 26C
City & State Miami, FL	City & State Miami, FL
Zip 33132 Country USA	Zip 33132 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0984866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL PINO, PATRICIA
200 SOUTH BISCAYNE BLVD., SUITE 4820
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Patricia del Pino
Street Address (P.O. Box Number is Not Acceptable) 555 N.E. 15 Street #26C
City Miami FL Zip Code 33132

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 Patricia del Pino / Patricia del Pino DATE 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL PINO, PATRICIA ~~200 SOUTH BISCAYNE BLVD., SUITE 4820~~ ~~MIAMI FL 33131~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Patricia del Pino 555 N.E. 15 Street, #26C Miami, FL 33132 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Patricia del Pino / Patricia del Pino / 4/30/01 / 305-577-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #