FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90048 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003124

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

Principal Place of Business	Mailing Address
555 NE 15 STREET #26C MIAMI, FL 33132 US	555 NE 15 STREET #26C MIAMI, FL 33132 US

2. Principal Place of Business	3. Mailing Address
9485 Sunset Drive	9485 Sunset Drive
Suite, Apt. #, etc.: A-292	Suite, Apt. #, etc.: A-292
City & State: Miami, FL	City & State: Miami, FL
Zip: 33173 Country: US	Zip: 33173 Country: US

☒ CHECK HERE IF MAKING CHANGES

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
~~555 NE 15 STREET~~
~~#26C~~
~~MIAMI, FL 33132~~
9485 Sunset Drive
Suite A-292
Miami, FL 33173

7. Name and Address of New Registered Agent

Name: Del Pino, Patricia
Street Address (P.O. Box Number is Not Acceptable): 9485 Sunset Drive
Suite A-292
City: Miami FL Zip Code: 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patricia del Pino Arias / Patricia del Pino Arias / DATE: 5/1/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. 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	PD Del Pino, Patricia 9485 Sunset Drive, Suite A-292 Miami, FL 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia del Pino Arias / 305-412-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #