2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000003768

1. Entity Name

MICHAEL COSCULLUELA, P.A.

Principal Place of Business	Mailing Address
5590 WEST 20 AVENUE SUITE 200B HIALEAH FL 33016	5590 WEST 20 AVENUE SUITE 200B HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5590 W. 20th Ave, Suite

Suite, Apt. #, etc.
403

City & State
Hialeah, Fl 33016

Zip 33016   Country USA

3. Mailing Address
5590 W. 20th Ave,

Suite, Apt. #, etc.
403

City & State
Hialeah, Fl

Zip 33016   Country USA

4. FEI Number
65-0974085

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

COSCULLUELA, MICHAEL
5590 WEST 20 AVENUE SUITE 200B
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name: Michael Cosculluela

Street Address (P.O. Box Number is Not Acceptable): 5590 W. 20th Ave, Suite 403

City: Hialeah   FL   Zip Code: 33016

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 _____   _____   01/12/01

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
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 D NAME COSCULLUELA, MICHAEL STREET ADDRESS 6703 NW 166 TERRACE CITY-ST-ZIP MIAMI LAKES FL 33014		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President, Treasurer Michael Cosculluela 5590 West 20th Ave, Suite 403 Hialeah, Florida 33016	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director John A. Cosculluela 5590 W 20th Ave, Suite 400 Hialeah, Fl 33016	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director John A. Cosculluela 5590 W. 20th Ave, Suite 400 Hialeah, Fl 33016	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ 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: _____   01/12/01   305-228-1909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/00)