2002 Uniform Business Report (UBR)

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SIGNATURE:

Apr 15, 2002 8:00 am \$ Secretary of State > **DOCUMENT #** P00000004402 1. Entity Name MARGARITA MARTINEZ MIGUEZ, P.A. Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD., 41ST FLOOR 200 S. BISCAYNE BLVD., 41ST FLOOR MIAMI FL 33131-2398 MIAMI FL 33131-2398 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0979123 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7...Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent ---MARTINEZ MIGUEZ, MARGARITA Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., 41ST FLOOR MIAMI FL 33131-2398 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE TITLE Delete MARTINEZ MIGUEZ, MARGARITA NAME NAME STREET ADDRESS STREET ADDRESS |200 S. BISCAYNE BLVD., 41ST FLOOR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2398 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Deleté TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change | ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TIT! F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the informa don supplie h this fill

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