

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017619

1. Entity Name

HERNANDEZ-MORALES, P.A.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90090 031 ***150.00

Principal Place of Business

1933 S.W. 27 AVENUE
MIAMI FL 33145

Mailing Address

1933 S.W. 27 AVENUE
MIAMI FL 33145

2. Principal Place of Business

2701 LE JEUNE RD.
Suite, Apt. #, etc.
2ND FLOOR

3. Mailing Address

PO BOX 14398 0
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0994348

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33114-3980

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORALES, RUAL HERNANDEZ ESQ.
1933 S.W. 27 AVENUE
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

HERNANDEZ-MORALES, RAUL

Street Address (P.O. Box Number is Not Acceptable)

2701 LE JEUNE RD.
2ND FLOOR

City

CORAL GABLES

State

Zip Code

33134

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

TITLE **D** ☐ Delete
NAME **HERNANDEZ-MORALES, RAUL ESQ.**
STREET ADDRESS **1933 S.W. 27 AVENUE**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

RAUL HERNANDEZ-MORALES

4/25/01

(305) 443-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)