

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90701 049 ***550.00

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DOCUMENT # P00000017619

1. Entity Name
HERNANDEZ-MORALES, P.A.

Principal Place of Business

2701 LE JEUNE RD
 2ND FLOOR
 MIAMI FL 33134

Mailing Address

PO BOX 143980
 CORAL GABLES FL 33114-3980



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

815 Ponce de Leon
 Suite, Apt. #, etc.
200

3. Mailing Address

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State

4. FEI Number **65-0994348**

Applied For
 Not Applicable

Zip
33134

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, RUAL HERNANDEZ ESQ.
2701 LE JEUNE RD
2ND FLOOR
MIAMI FL 33134

Name **RAUL HERNANDEZ-MORALES**
 Street Address (P.O. Box Number is Not Acceptable)
815 Ponce de Leon
SUITE 200
 City **CORAL GABLES FL** 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/30/02**

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, 2002 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** ☐ Delete
 NAME **HERNANDEZ-MORALES, RAUL ESQ.**
 STREET ADDRESS **1933 S.W. 27 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☒ Change ☐ Addition
 NAME **815 Ponce de Leon, Suite 200**
 STREET ADDRESS **CORAL GABLES, FL 33134**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL HERNANDEZ-MORALES **4/30/02** **(305) 443-2244**
 DIRECTOR Date Daytime Phone #

CR2E034 (9/01)