

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90060 028 ***150.00

DOCUMENT # P00000025097

1. Entity Name

LAW OFFICES OF SABORIO AND BENITO, P.A.

Principal Place of Business

**1450 BRICKELL BAY DRIVE
 NO. 311
 MIAMI FL 33131**

Mailing Address

**1450 BRICKELL BAY DRIVE
 NO. 311
 MIAMI FL 33131**

2. Principal Place of Business

2150 CORAL WAY

3. Mailing Address

2150 CORAL WAY

Suite, Apt. #, etc.

5 B

Suite, Apt. #, etc.

5 B

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33145

Country

U.S.

Zip

33145

Country

U.S.

4. FEI Number

65-0995476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BENITO, DANIEL
 1450 BRICKELL BAY DRIVE
 NO. 311
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 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

TITLE
 NAME

**PSD
 BENITO, DANIEL
 1450 BRICKELL BAY DRIVE
 MIAMI FL 33131**

☐ Delete

TITLE
 NAME

**VPTD
 SABORIO, JUAN M
 1450 BRICKELL BAY DRIVE
 MIAMI FL 33131**

☐ Delete

TITLE
 NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE
 NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE
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STREET ADDRESS

CITY-ST-ZIP

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TITLE
 NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 (305) 860-4242

CR2E034 (9/01)