

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90451 010 ***158.75

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DOCUMENT # P00000042970

1. Entity Name
PONCE & PONCE, INC.

Principal Place of Business

**3520 N.W. 115 AVENUE
 MIAMI FL 33178**

Mailing Address

**3520 N.W. 115 AVENUE
 MIAMI FL 33178**

2. Principal Place of Business

1444 N.W. 82 AVE

3. Mailing Address

1444 N.W. 82 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1011505

Applied For

Not Applicable

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

Zip

33126

Country

MIAMI-DADE

Zip

33126

Country

MIAMI, DADE

6. Name and Address of Current Registered Agent

**PONCE, JUAN C
 3520 N.W. 115 AVENUE
 MIAMI FL 33178**

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 \$350.00
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 Delete
 NAME **PSD PONCE, JUAN C**
 STREET ADDRESS **3520 N.W. 115 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
 NAME **PSD PONCE, JUAN C**
 STREET ADDRESS **1444 NW 82 AVE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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, or an officer like empowered.

SIGNATURE:

Juan Ponce

DIRECTOR

(305)-629-9940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)