

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - P00000 52679

1. Entity Name  
*Velis and Associates, P.A*

**FILED**

01 MAY -1 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
*Vidal Marino Velis* *Vidal Marino Velis*  
*C/O Jorge R. Orta P.A* *C/O Jorge Orta, P.A*  
*2600 S.W. 3rd Ave #800B* *2600 S.W. 3rd Ave*  
*Miami, FL 33129* *Miami, FL 33129*

2. Principal Place of Business 3. Mailing Address  
*same* *same*

Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
4. FEI Number  Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
*Vidal Marino Velis Esq.*  
*1762 Coral Way #300*  
*Miami, FL 33145*

7. Name and Address of New Registered Agent  
Name *Vidal Marino Velis, Esq.*  
Street Address (P.O. Box Number is Not Acceptable)  
*C/O Jorge Orta P.A.*  
*2600 S.W. 3rd, Ave. # 800B*  
City *Miami* FL Zip Code *33129*

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 *Vidal Marino Velis* DATE *4/30/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>P/D</i> <i>Vidal Marino Velis</i> <i>2600 S.W. 3rd Avenue #800B</i> <i>Miami, FL 33129</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600004195076--1</b> <b>-05/11/01--01019--020</b> <b>****150.00 ****150.00</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vidal Marino Velis* DATE *4/30/01* DAYTIME PHONE # *(305) 444-1148*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR