

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90029 045 ***150.00

DOCUMENT # P00000067992

1. Entity Name
LARRANAGA/OBADIA & ASSOCIATES, INC.

Principal Place of Business

C/O DAVID J. HART, P.A.
 100 N. BISCAYNE BLVD., SUITE 2600
 MIAMI FL 33132

Mailing Address

C/O DAVID J. HART, P.A.
 100 N. BISCAYNE BLVD., SUITE 2600
 MIAMI FL 33132

80040056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 S.E. 1 Ave
 Suite, Apt. #, etc.
 10th Floor
 City & State
 Miami, FL

3. Mailing Address

21 SE 1 Ave
 Suite, Apt. #, etc.
 10th Floor
 City & State
 Miami, FL

4. FEI Number NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J.
 100 N. BISCAYNE BLVD.
 SUITE #2600
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name David J. Hart
 Street Address (P.O. Box Number is Not Acceptable)
 21 SE 1 Ave
 10th Floor
 City Miami FL Zip Code 33131

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 STREET ADDRESS CITY-ST-ZIP	D LARRANAGA VASQUEZ, ENRIQUE A C/O DAVID J. HART, P.A. MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBADIA, VILMA C/O DAVID J. HART, P.A. MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larranaga Vasquez, Enrique A. c/o David J. Hart, P.A. miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)