

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90118 015 \*\*\*150.00

**DOCUMENT # P00000073244**

1. Entity Name  
**STEVEN BUSTAMANTE, P.A.**



Principal Place of Business  
**18948 NW 23 PL**  
**PEMBROKE PINES FL 33029**

Mailing Address  
**18948 NW 23 PL**  
**PEMBROKE PINES FL 33029**

**90009086**



2. Principal Place of Business  
**1481 N.W. NORTH RIVER DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1481 N.W. NORTH RIVER DRIVE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**  
Zip  
**33125**  
Country  
**DADE**

City & State  
**MIAMI FL**  
Zip  
**33125**  
Country  
**MIAMI DADE**

4. FEI Number  
**65-1029365**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUSTAMANTE, STEVEN**  
**18948 NW 23 PLACE**  
**PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name  
**STEVEN BUSTAMANTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1481 N.W. NORTH RIVER DRIVE**  
City  
**MIAMI** FL Zip Code  
**33125**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D BUSTAMANTE, STEVEN**  
**18948 NW 23 PLACE**  
**PEMBROKE PINES FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT BUSTAMANTE, STEVEN**  
**1481 N.W. NORTH RIVER DRIVE**  
**MIAMI, FL 33125**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/03**

Date

**305 560-1105**

Daytime Phone #

CR2E034 (10/02)