

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90236 028 ***150.00

DOCUMENT # P00000073641

1. Entity Name
1270 MANAGEMENT INC.

Principal Place of Business 150 ALHAMBRA CIRCLE STE 12670 CORAL GABLES FL 33134	Mailing Address 150 ALHAMBRA CIRCLE STE 12670 CORAL GABLES FL 33134
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2. Principal Place of Business 150 Alhambra Circle	3. Mailing Address 150 Alhambra Circle
Suite, Apt. #, etc. 1270	Suite, Apt. #, etc. 1270

City & State Coral Gables, FL	City & State Coral Gables; FL	4. FEI Number 65-1028401	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country Miami-Dade	Zip 33134	Country Miami-Dade
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, JOSE A
 150 ALHAMBRA CIRCLE STE 12670
 CORAL GABLES FL 33134**

Name **Jose A. Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle
 Suite **1270**
 City **Coral Gables** **FL** Zip Code **33134**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D ARECES, A FRANCIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D A. Francisco Areces
	150 ALHAMBRA CIRCLE STE 12670 CORAL GABLES FL 33134		150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134
<input type="checkbox"/> Delete	D CICERO, LISA B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Lisa B. Cicero
	150 ALHAMBRA CIRCLE STE 12670 CORAL GABLES FL 33134		150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134
<input type="checkbox"/> Delete	D RODRIGUEZ, JOSE A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Jose A. Rodriguez
	150 ALHAMBRA CIRCLE STE 12670 CORAL GABLES FL 33134		150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134
<input type="checkbox"/> Delete	D BOUCHER, RICHARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D Richard A. Boucher
	150 ALHAMBRA CIRCLE STE 12670 CORAL GABLES FL 33134		150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/27/01 (35) 444-5000

CR2E034 (10/00)