

**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 <b>150 ALHAMBRA CIRCLE STE 12670          CORAL GABLES FL 33134</b>	Mailing Address <b>150 ALHAMBRA CIRCLE STE 12670          CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>150 Alhambra Circle</b>	3. Mailing Address <b>150 Alhambra Circle</b>
Suite, Apt. #, etc. <b>1270</b>	Suite, Apt. #, etc. <b>1270</b>

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

6. Name and Address of Current Registered Agent <b>RODRIGUEZ, JOSE A          150 ALHAMBRA CIRCLE STE 12670          CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Jose A. Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 Alhambra Circle</b> Suite <b>1270</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>	
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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 DATE **4/23/01**

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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ARECES, A FRANCIS</b> <b>150 ALHAMBRA CIRCLE STE 12670</b> <b>CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>A. Francisco Areces</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CICERO, LISA B</b> <b>150 ALHAMBRA CIRCLE STE 12670</b> <b>CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Lisa B. Cicero</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RODRIGUEZ, JOSE A</b> <b>150 ALHAMBRA CIRCLE STE 12670</b> <b>CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Jose A. Rodriguez</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BOUCHER, RICHARD</b> <b>150 ALHAMBRA CIRCLE STE 12670</b> <b>CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Richard A. Boucher</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</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
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: DATE **4/27/01** DAYTIME PHONE # **(305) 444-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)