

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073641

1. Entity Name
1270 MANAGEMENT INC.

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

04-27-2001 90236 028 ***150.00

Principal Place of Business
150 ALHAMBRA CIRCLE STE 12670
CORAL GABLES FL 33134

Mailing Address
150 ALHAMBRA CIRCLE STE 12670
CORAL GABLES FL 33134

2. Principal Place of Business
150 Alhambra Circle
Suite, Apt. #, etc.
1270

3. Mailing Address
150 Alhambra Circle
Suite, Apt. #, etc.
1270

City & State
Coral Gables, FL 33134

City & State
Coral Gables; FL

4. FEI Number
65-1028401

Applied For
☐ Not Applicable

Zip Country
33134 Miami-Dade

Zip Country
33134 Miami-Dade

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

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, 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

TITLE **D** ☐ Delete
NAME **ARECES, A FRANCIS**
STREET ADDRESS **150 ALHAMBRA CIRCLE STE 12670**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **A. Francisco Areces**
STREET ADDRESS **150 Alhambra Circle, Suite 1270**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **D** ☐ Delete
NAME **CICERO, LISA B**
STREET ADDRESS **150 ALHAMBRA CIRCLE STE 12670**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **Lisa B. Cicero**
STREET ADDRESS **150 Alhambra Circle, Suite 1270**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, JOSE A**
STREET ADDRESS **150 ALHAMBRA CIRCLE STE 12670**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **Jose A. Rodriguez**
STREET ADDRESS **150 Alhambra Circle, Suite 1270**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **D** ☐ Delete
NAME **BOUCHER, RICHARD**
STREET ADDRESS **150 ALHAMBRA CIRCLE STE 12670**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
NAME **Richard A. Boucher**
STREET ADDRESS **150 Alhambra Circle, Suite 1270**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **4/27/01**

DAYTIME PHONE # **(305) 444-5000**

CR2E034 (10/00)