

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90174 036 ***150.00

DOCUMENT # P00000092062

1. Entity Name
LOURDES B. RIVERA, P.A.

Principal Place of Business 113 MENDOZA AVENUE SUITE B CORAL GABLES FL 33134	Mailing Address 113 MENDOZA AVENUE SUITE B CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 815 Ponce de Leon Blvd.	3. Mailing Address
Suite, Apt. #, etc. 200	Suite, Apt. #, etc.

City & State Coral Gables, FL	City & State	4. FEI Number 65-1043112	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIVERA, LOURDES B 113 MENDOZA AVENUE SUITE B CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Lourdes B. Rivera Street Address (P.O. Box Number is Not Acceptable) 815 Ponce de Leon Blvd. Suite 200 City Coral Gables FL Zip Code 33134
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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 *Lourdes Rivera* DATE 2/5/01
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. **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 NAME STREET ADDRESS CITY-ST-ZIP	D/P/V/S/T RIVERA, LOURDES B 113 MENDOZA AVENUE CORAL GABLES FL 33134 <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
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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 titles empowered.

SIGNATURE: *Lourdes Rivera* DATE 2/5/01 DAYTIME PHONE # (305) 461-4901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)