

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91491 047 ***150.00

DOCUMENT # P01000000889

1. Entity Name

BAILEY & VAZQUEZ BAILEY, P.A.

Principal Place of Business

**330 SOUTHWEST TWENTY SEVENTH AVE STE 703
 MIAMI FL 33135**

Mailing Address

**330 SOUTHWEST TWENTY SEVENTH AVE STE 703
 MIAMI FL 33135**

2. Principal Place of Business

**6175 NW 153 Street
 Suite, Apt. #, etc. 301**

3. Mailing Address

**← SAME
 Suite, Apt. #, etc.**

City & State

MIAMI LAKES, FL

City & State

Zip

33014

Country

U.S.

Country

4. FEI Number

05-107 3914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BAILEY, DENNIS D

**330 SOUTHWEST TWENTY SEVENTH AVE STE 703
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6175 NW 153rd Street

Suite 301

City

MIAMI LAKES

FL

Zip Code

33014

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)

4/18/02

DATE

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, DENNIS D	
STREET ADDRESS	330 SOUTHWEST TWENTY SEVENTH AVE STE 703	
CITY-ST-ZIP	MIAMI FL 33135 6175 NW 153 St. #301	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, MINERVA V	
STREET ADDRESS	330 SOUTHWEST TWENTY SEVENTH AVE STE 703	
CITY-ST-ZIP	MIAMI FL 33135 6175 NW 153 St. #301	
TITLE	MIAMI LAKES, 33014	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/18/02 (305) 828-4044

Date

Daytime Phone #

CR2E034 (9/01)