

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90079 027 ***158.75

0403197 AV

DOCUMENT # P01000017119

1. Entity Name

CESPEDES & CESPEDES, P.A.

Principal Place of Business

**5105 ADAMS ROAD
 DELRAY BEACH FL 33484**

Mailing Address

**5105 ADAMS ROAD
 DELRAY BEACH FL 33484**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**767 South State Rd 7
 Suite, Apt. #, etc.
 Suite 16**

3. Mailing Address

**767 South State Rd 7
 Suite, Apt. #, etc.
 Suite 16**

City & State

Margate, FL

City & State

Margate, FL

4. FEI Number

65-1079174

Applied For

Not Applicable

Zip

33068

Country

USA

Zip

33068

Country

USA

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

6. Name and Address of Current Registered Agent

**CESPEDES, CARLOS A
 5105 ADAMS ROAD
 DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

Name

Same

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

767 South State Rd 7, #16

City

Margate, FL

FL

Zip Code

33068

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

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** ☐ Delete
 NAME **CESPEDES, CARLOS A**
 STREET ADDRESS **5105 ADAMS ROAD**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **NEW ADDRESS** ☐ Delete
 NAME **2036 SW 36th Ave**
 STREET ADDRESS **DELRAY BEACH, FL 33445**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 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

2/22/02 954-917-6666
 Date Daytime Phone #

CR2E034 (9/01)