

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-20-2002 90122 048 ***158.75

DOCUMENT # P01000019948

1. Entity Name

JOSEPH CALDERO, P.A.

Principal Place of Business

501 NORTH ORLANDO AVENUE
 SUITE 276
 WINTER PARK FL 32789

Mailing Address

501 NORTH ORLANDO AVENUE
 SUITE 276
 WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

313-276

Suite, Apt., etc.

313-276

City & State

City & State

Zip

Country

32789-7313

Zip

Country

32789-7313

4. FEI Number

59-3701274

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

X

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 PSTD
 NAME CALDERO, JOSEPH
 STREET ADDRESS 501 NORTH ORLANDO AVENUE SUITE 276
 CITY-ST-ZIP WINTER PARK FL 32789

□ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

□ Delete

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

□ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME CALDERO, JOSEPH
 STREET ADDRESS 501 N. ORLANDO AVE. Ste. 313-276
 CITY-ST-ZIP WINTER PARK, FL 32789-7313

X Change □ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

□ Change □ Addition

TITLE
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□ Change □ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

□ Change □ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)