

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90243 040 ***150.00

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DOCUMENT # P01000024791

1. Entity Name
Z. PAOLA GUERRERO, P.A.



Principal Place of Business
**12515 N. KENDALL DRIVE
SUITE 314
MIAMI FL 33186**

Mailing Address
**12515 N. KENDALL DRIVE
SUITE 314
MIAMI FL 33186**



2. Principal Place of Business

**2600 Douglas Road
Suite, Apt. #, etc.
Suite 400**

City & State
Coral Gables

Zip Country
33134 USA

3. Mailing Address

**2600 Douglas Road
Suite, Apt. #, etc.
Suite 400**

City & State
Coral Gables

Zip Country
33134 USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1091460**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GUERRERO, Z. PAOLA ESQ.
12515 N. KENDALL DRIVE
SUITE 314
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name
Z. PAOLA GUERRERO
Street Address (P.O. Box Number is Not Acceptable)
**2600 Douglas Road,
Suite 400**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GUERRERO, Z. PAOLA**
STREET ADDRESS **12515 N. KENDALL DRIVE, SUITE 314**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **GUERRERO, Z. PAOLA**
STREET ADDRESS **2600 Douglas Rd, # 400**
CITY-ST-ZIP **Coral Gables FL 33134**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

CR2E034 (10/02)