

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90022 004 ***150.00

0219128 AV

DOCUMENT # P01000030826

1. Entity Name

ERNESTO CAMBO, P.A.

Principal Place of Business

**525 BAY POINT ROAD
 MIAMI FL 33137**

Mailing Address

**525 BAY POINT ROAD
 MIAMI FL 33137**

2. Principal Place of Business

4255 LAKE ROAD

Suite, Apt. #, etc.

3. Mailing Address

4255 LAKE ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

Zip
33137

Country
U.S.A.

City & State
MIAMI FL

Zip
33137

Country
U.S.A.

4. FEI Number

65-1087533

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, MICHAEL
 2514 HOLLYWOOD BLVD SUITE 508
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **ERNESTO CAMBO**
 Street Address (P.O. Box Number is Not Acceptable)
4255 LAKE ROAD
 City **MIAMI** FL **33137**

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 **ERNESTO CAMBO, DIRECTOR/PRES.** 4/25/02

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) ☐

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 **CAMBO, ERNESTO**
 STREET ADDRESS **525 BAY POINT ROAD**
 CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition
 NAME **CAMBO, ERNESTO**
 STREET ADDRESS **4255 LAKE ROAD**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D/T** ☐ Change ☒ Addition
 NAME **PRIU-CAMBO, ANA**
 STREET ADDRESS **4255 LAKE ROAD**
 CITY-ST-ZIP **MIAMI FL 33137**

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: **ERNESTO CAMBO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (305)573-2882

Date

Daytime Phone #

CR2E034 (9/01)