

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-01-2002 91515 010 ***150.00

DOCUMENT # P01000032885

1. Entity Name

Michael C. Gongora, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

407 Lincoln Rd.

3. Mailing Address

407 Lincoln Rd.

Suite, Apt. #, etc.

701

Suite, Apt. #, etc.

701

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

05-1088818

Applied For

Not Applicable

Zip

33139

Country

U.S.A.

Zip

33139

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael Gongora

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

600 N.E. 36 St.

#1902

City

Miami

FL

Zip Code

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

Michael C. Gongora
Signature, typed or printed name of registered agent, if applicable.

Michael C. Gongora Reg Agent
(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

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

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Michael C. Gongora</u> <u>600 N.E. 36 St. #1902</u> <u>Miami, FL 33137</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael C. Gongora x Michael C. Gongora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02
Date

(305) 531-4797
Daytime Phone #

CP2E034B (12/01)