

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90991 017 \*\*\*150.00

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DOCUMENT # P01000040712

1. Entity Name  
THE AGUIRRE AGENCY INC.



Principal Place of Business  
13171 SW 10TH LANE  
MIAMI FL 33184

Mailing Address  
13171 SW 10TH LANE  
MIAMI FL 33184

2. Principal Place of Business  
6262 S.W. 40st.

3. Mailing Address

Suite, Apt. #, etc.  
Suite 2-I

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State

Zip  
33155

Country  
Bade

Zip

Country

4. FEI Number  
65-1095124

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGUIRRE, MARTHA  
13171 SW 10TH LANE  
MIAMI FL 33184

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS AGUIRRE, MARTHA 13171 SW 10TH LANE MIAMI FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Martha Aguirre* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: *4/27/03* Daytime Phone #: *(305) 305-6270 (786) 507-1777*

CR2E034 (10/02)