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**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90319 026 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000042433**

1. Entity Name  
**CUETER & ASSOCIATES, INC.**

Principal Place of Business  
**1110 BRICKELL AVE. #800**  
**MIAMI FL 33131**

Mailing Address  
**1110 BRICKELL AVE. #800**  
**MIAMI FL 33131**

38373

2. Principal Place of Business  
**401 ALMERIA AVE**  
 Suite, Apt. #, etc.  
**Suite # 235**

3. Mailing Address  
**301 ALMERIA AVE**  
 Suite, Apt. #, etc.  
**Suite # 235**

City & State  
**Coral Gables, FL**  
 Zip  
**33134** Country

City & State  
**Coral Gables, FL**  
 Zip  
**33134** Country

4. FEI Number  
**65-110710**

Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

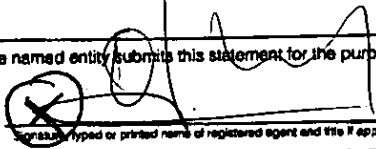
6. Name and Address of Current Registered Agent

**ALONSO, DOMINGO**  
**301 ALMERIA AVENUE #3**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Orlando Cueter**  
 Street Address (P.O. Box Number is Not Acceptable)  
**301 ALMERIA AVE.**  
**Suite # 235**  
 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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JUNE 29/02

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          | PD                       | <input type="checkbox"/> Delete |
| NAME           | CUETER, ORLANDO          |                                 |
| STREET ADDRESS | 18711 COLLINS AVE. #1704 |                                 |
| CITY-ST-ZIP    | SUNNY ISLES FL 33180     |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 14/01

4597995

CP2E034 (9/01)