

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90497 050 ***150.00

DOCUMENT # P01000048288

1. Entity Name

CARLOS A. MENOCAL, PA

Principal Place of Business

**7431 SW 63RD COURT
 SOUTH MIAMI FL 33143**

Mailing Address

**7431 SW 63RD COURT
 SOUTH MIAMI FL 33143**

2. Principal Place of Business

7430 SW 63 Court

3. Mailing Address

7430 SW 63 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOUTH MIAMI, FL

City & State

SOUTH MIAMI, FL

4. FEI Number

65-1104510

Applied For

Not Applicable

Zip

33143

Country

U.S.A.

Zip

33143

Country

USA

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

6. Name and Address of Current Registered Agent

**MENOCAL, CARLOS A
 7431 SW 63RD COURT
 SOUTH MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **CARLOS A. MENOCAL**

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

7430 SW 63 Court

City **SOUTH MIAMI**

FL

Zip Code

33143

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

5 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 **MENOCAL, CARLOS A**
 STREET ADDRESS **7431 SW 63RD COURT**
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☒ Addition
 NAME **MENOCAL, CARLOS A.**
 STREET ADDRESS **7430 SW 63RD COURT**
 CITY-ST-ZIP **SOUTH MIAMI, FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: **Carlos A. Menocal, Carlos A. Menocal P/D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.09.02 (305) 665-6568

Date

Daytime Phone #

CR2E034 (9/01)