



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

07-21-2003 90357 012 ***150.00

DOCUMENT # P01000054243					
1. Entity Name FAMILY TRUST ADMINISTRATORS, CO. INC.					
Principal Place of Business 920 N. VENETIAN DRIVE MIAMI FL 33139			Mailing Address 920 N. VENETIAN DRIVE MIAMI FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1110223	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIVERO, ANDRIA O 920 N. VENETIAN DRIVE MIAMI FL 33139			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERO, ANDRIA O		NAME		
STREET ADDRESS	920 N VENETIAN DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33139		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			Date: 7/15/03 Daytime Phone #: 305-371-4013		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2034 (4/03)

Attachment#

August 1, 2003

Florida Department of State
Uniform Business Report
Divisions of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

55053128
#PO1000054243

Re: Family Trust Administrators, Co. Inc
Document #PO1000054243

Dear Sir:

As per my conversation with one of your representatives on July 13th, 2003, I was advised to send in \$150.00 for the UBR application. I was told I would be waived the \$400.00 late fee because the first application I sent in was not received. Today, again I have spoken to your representative, discussed what happened in this situation and was advised to write requesting a waive for this fee.

Please reconsider this waive since I did sent in the first application on time. Enclosed find copies of the original application sent in on April 28th and the last one sent on July 14th.

Thank you.

Respectfully,



Ms. Andria Rivero
920 N. Venetian Dr.
Miami, FL 33139
Ph. 305 371-4013

Attachment#

July 14, 2003

Uniform Business Report
Divisions of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

55053128
#PO1000054243

Re: Document # PO1000054243
Family Trust Administrator, Co. Inc.

Dear Sir:

Enclosed please find copy of UBR sent to you on April 28th, 2003 . I have not received the returned deposited check, so I'm assuming it got lost in the mail.

Enclosed find check for \$150.00 and a new signed second application I have received from you.

Please call me if you have any questions. Thank you.

Respectfully,

Ms. Andria Rivero
920 N Venetian Dr.
Miami, Fl 33139
Ph. 305-371-4013