

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90024 023 ***158.75

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DOCUMENT # P01000058565

1. Entity Name
LAUREANO, VAZQUEZ & ASSOCIATES, INC.



Principal Place of Business
13989 SW 94 CIRCLE LANE @-102
MIAMI FL 33186

Mailing Address
13989 SW 94 CIRCLE LANE @-102
MIAMI FL 33186

80034178



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1156574

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

LAURENO, MANUEL
13989 SW 94 CIRCLE LANE @-102
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name MR. LANE Abraham, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2701 S. Bayshore Blvd., Suite 403
City Miami, FL Zip Code 33133

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. *original filing DATED 06/11/01 Articles state Abraham not Laureno. SEE ARTICLES of Incorporation - Certificate of Designation of Registered Agent*

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VAZQUEZ, GERARDO	
STREET ADDRESS	13989 SW 94 CIRCLE LANE @-102	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUREANO, MANUEL	
STREET ADDRESS	13989 SW 94 CIRCLE LANE @-102	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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: *Manuel Laureano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/03 (305) 979-0243
Date Daytime Phone #

CR2E034 (10/02)