

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90196 018 \*\*\*158.75

0056878 AV

**DOCUMENT #** P01000059856

1. Entity Name

EDUARDO CADENAS, CPA, P.A.



Principal Place of Business

2902 SW 136 CT  
MIAMI FL 33175

Mailing Address

2902 SW 136 CT  
MIAMI FL 33175

2. Principal Place of Business

8725 NW 18 Tenay

3. Mailing Address

8725 NW 18<sup>TH</sup> Tenay

Suite, Apt. #, etc.

211B

Suite, Apt. #, etc.

211B

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33172

Country

Dade

Zip

33172

Country

Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1116624

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CADENAS, EDUARDO  
2902 SW 136 CT  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

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

13310 NW 8 STREET

City

Miami

FL

Zip Code

33182

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CADENAS, EDUARDO  
2902 SW 136 CT  
MIAMI FL 33175

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
13310 NW 8 Street  
Miami, Florida 33182

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/03

305-436-0403

Date Daytime Phone #

CR2E034 (4/03)

Attachment

80143183

#P01000059856

August 28, 2003

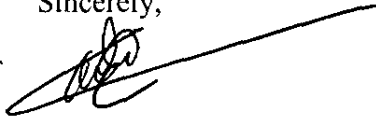
To Whom It May Concern:

Enclosed is the completed annual report and check in the amount of \$158.75. By means of this letter I am asking the department to waive the \$400 late filing fee for the following reasons.

I moved early on the year and did not receive the first notice. In January I had to leave town on a personal matter and spent the next 3 to 4 months traveling back and forth. I finally got my mail forwarded and receive the new report.

I would appreciate based on the above information that the \$400 late filing fee be waived.

Sincerely,



Eduardo Cadenas, CPA