

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90009 013 \*\*\*150.00

**DOCUMENT #** P01000080769

**1. Entity Name**  
**JORGE A. GUTIERREZ, P.A.**

**Principal Place of Business**  
 10620 SW 67TH STREET  
 MIAMI FL 33173

**Mailing Address**  
 10620 SW 67TH STREET  
 MIAMI FL 33173

**2. Principal Place of Business**  
 999 Brickell Ave  
 Suite, Apt. #, etc.  
 Suite 700  
 City & State  
 Miami, FL  
 Zip  
 33131

**3. Mailing Address**  
 999 Brickell Ave.  
 Suite, Apt. #, etc.  
 Suite 700  
 City & State  
 Miami, FL  
 Zip  
 33131



DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
 65-1139573

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

**Applied For**  
☐ **Not Applicable**

**6. Name and Address of Current Registered Agent**  
 GUTIERREZ, JORGE A  
 10620 SW 67TH STREET  
 MIAMI FL 33173

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

**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 1/11/02

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS GUTIERREZ, JORGE A 10620 SW 67TH STREET MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	999 Brickell Ave, Suite 700 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 1/11/02 DAYTIME PHONE # 305-377-4888

CR2E034 (9/01)