## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State P01000088617 DOCUMENT # 1. Entity Name MARGARITA BLANCO & ASSOCIATES, INC. 05-28-2002 91651 001 \*\*\*150 00 Principal Place of Business Mailing Address 2851 NE 183RD ST. 2851 NE 183RD ST. **UNIT 2108 UNIT 2108** AVENTURA FL 33160 AVENTURA FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1137644 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BLANCO, MARGARITA** Street Address (P.O. Box Number is Not Acceptable) 2851 NE 183RD ST. **UNIT 2108 AVENTURA FL 33160** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Addition **BLANCO, MARGARITA** NAME NAME 3700 ISLAND RD, C-103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33160** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GAVIRIA, ENRIQUE NAME STREET ADDRESS 3700 ISLAND RD, C-103 STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33160 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 Statutés. 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/15/02 (305)466-226

FILED

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MARGARITA BLANCO & ASSOCIATES, INC 2851 NE 183<sup>rd</sup> STREET

UNIT 2108 AVENTURA, FLA 33160

May 2, 2002

## **UNIFORM BUSINESS REPORT**

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

## Reference: 65-1137644

Dear Sirs,

Enclosed please find Document # PO1000088617 duly signed. I have just returned from a trip and upon looking into my correspondence noted that this form was due yesterday.

I immediately telephoned your information desk for assistance since we are a very small company and cannot afford to pay in excess of our income. I was told to mail the check for \$ 150.00 and wait for your reply. I would be grateful if you take into consideration the fact that I was away for almost 2 months.

Please find enclosed check number For \$150.00. Thank you very much.

MARGARITA BLANCO