

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90151 015 ***150.00

DOCUMENT # P01000088617

1. Entity Name
MARGARITA BLANCO & ASSOCIATES, INC.



Principal Place of Business
2851 NE 183RD ST.
UNIT 2108
AVENTURA FL 33160

Mailing Address
2851 NE 183RD ST.
UNIT 2108
AVENTURA FL 33160

2. Principal Place of Business

3. Mailing Address

3700 Island Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-103

City & State

AVENTURA, Florida

Zip

Country

Zip

Country

33160

USA

4. FEI Number 65-1137644

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCO, MARGARITA
2851 NE 183RD ST.
UNIT 2108
AVENTURA FL 33160

Name

MARGARITA BLANCO

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

3700 ISLAND BLVD.

C-103

City

AVENTURA

FL

Zip Code

33160

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 *Margarita Blanco*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 26/03

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 **PD** ☐ Delete
NAME **BLANCO, MARGARITA**
STREET ADDRESS **3700 ISLAND RD. C-103**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GAVRIA, ENRIQUE**
STREET ADDRESS **3700 ISLAND RD. C-103**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Margarita Blanco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26/03 (305) 466-2264

Date

Daytime Phone #

CR2E034 (10/02)