

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90056 025 ***150.00

0047473

DOCUMENT # P01000097755

1. Entity Name
FIGUEREDO & ASSOCIATES, INC.



Principal Place of Business
5900 SW 73 AVENUE
MIAMI FL 33143

Mailing Address
5900 SW 73 AVENUE
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1149604**

Applied For
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIGUEREDO, FRANCISCO
5900 SW 73 AVENUE
MIAMI FL 33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FIGUEREDO, FRANCISCO	
STREET ADDRESS	5900 SW 73 AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

98-D3 395-661-D930
 Date Daytime Phone #

CR2E034 (4/03)

Attachment

90155326

#P01000097755

September 8, 2003

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS ANNUAL REPORTS
TALLAHASSEE, FLORIDA

Gentlemen:

Enclosed is our check in the amount of \$150.00 covering this year's Annual Report for Figueredo & Associates, Inc. (65-1149604).

The reason we are filing late is that we are not familiar with tax returns filing requirements and just recently found about the Annual Report filing requirement; we never received the original form, and called your department for a replacement form, which is enclosed.

In view of this, we respectfully request you abate any penalty for late filing.

Respectfully,

J. Figueredo

DIRECTOR.