

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91339 015 ***150.00

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1. Entity Name
THE LAW OFFICES OF ISRAEL JOSE ENCINOSA, P.A.

Principal Place of Business

**111 N.E. 1ST STREET
SUITE 603
MIAMI FL 33132**

Mailing Address

**111 N.E. 1ST STREET
SUITE 603
MIAMI FL 33132**



2. Principal Place of Business

111 N.E. 1st Street

Suite, Apt. #, etc.

603

City & State

MIAMI FL 33132

3. Mailing Address

111 N.E. 1st Street

Suite, Apt. #, etc.

603

City & State

MIAMI FL 33132

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1160044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ENCINOSA, ISRAEL J
111 N.E. 1ST STREET
SUITE 603
MIAMI FL 33132**

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. 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 \$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

TITLE PD
NAME ENCINOSA, ISRAEL J
STREET ADDRESS 111 N.E. 1ST STREET
CITY-ST-ZIP MIAMI FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/02)