

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90138 020 ***150.00

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DOCUMENT # P01000113837

1. Entity Name

THE LAW OFFICES OF JOHNNY A. PINEYRO, P.A.

Principal Place of Business

200 S. BISCAYNE BLVD.
SUITE 5120
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BLVD.
SUITE 5120
MIAMI FL 33131

2. Principal Place of Business

2735 PONCE DE LEON BLVD.

3. Mailing Address

2735 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

65-1156372

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

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

CORPORATE CREATIONS NETWORK INC
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☐

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 **D** ☐ Delete
 NAME **PINEYRO, JOHNNY A**
 STREET ADDRESS **200 S. BISCAYNE BLVD.**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☐ Addition
 NAME **PINEYRO, JOHNNY A**
 STREET ADDRESS **2735 PONCE DE LEON BLVD.**
 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **D'ALEMBERTÉ, GABRIELLE**
 STREET ADDRESS **2735 PONCE DE LEON BLVD.**
 CITY-ST-ZIP **CORAL GABLES, FL. 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

Date

(305)442-2442

Daytime Phone #

CR2E034 (9/01)