

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90100 005 ***150.00

DOCUMENT # P02000002174

1. Entity Name
BORBOLLA & LINARES-MORENO, P.A.



Principal Place of Business
9290 SUNSET DR. SUITE 105
MIAMI FL 33173

Mailing Address
9290 SUNSET DR. SUITE 105
MIAMI FL 33173



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

9290 Sunset Drive

Suite, Apt. #, etc.

Suite 119

City & State

Miami, FL

Zip

33173

Country

USA

3. Mailing Address

9290 Sunset Drive

Suite, Apt. #, etc.

Suite 119

City & State

Miami, FL

Zip

33173

Country

USA

4. FEI Number

30-0011887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MORENO, RAFAEL

ADORNO & ZEDER, P.A.

2601 S BAYSHORE DR, SUITE 1600

MIAMI FL 33133

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	<input type="checkbox"/> Delete
NAME	BORBOLLA, ARTURO	
STREET ADDRESS	9290 SUNSET DR, SUITE 105	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LINARES-MORENO, IVETTE E	
STREET ADDRESS	9290 SUNSET DR, SUITE 105	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>9290 Sunset Drive, Suite 119</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33173</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>9290 Sunset Drive, Suite 119</i>	
CITY-ST-ZIP	<i>MIAMI, FL 33173</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

CR2E034 (10/02)