

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90099 002 ***150.00

DOCUMENT # **P02000021736**



1. Entity Name
ALICIA CHILITO & HUGO PEREZ LARA P.A.

Principal Place of Business
**5757 SW 8TH ST., STE. #113
MIAMI FL 33144**

Mailing Address
**5757 SW 8TH ST., STE. #113
MIAMI FL 33144**

2. Principal Place of Business
6741 Coral Way

3. Mailing Address
6741 Coral Way

Suite, Apt. #, etc. **45**

City & State
Miami FL

City & State
Miami, FL

Zip **33176** Country

Zip **33176** Country

4. FEI Number
02-0567586

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LARA, HUGO P
2055 SW 122 AVE., #529
MIAMI FL 33175

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
NAME **P LARA, HUGO P**
STREET ADDRESS **5757 SW 8TH ST., STE. #113**
CITY-ST-ZIP **MIAMI FL 33144**

Change Addition
NAME **6741 Coral Way, Suite 45**
STREET ADDRESS **Miami, FL 33176**
CITY-ST-ZIP

TITLE Delete
NAME **V CHILITO, ALICIA**
STREET ADDRESS **5757 SW 8TH ST., STE. #113**
CITY-ST-ZIP **MIAMI FL 33144**

Change Addition
NAME **6741 Coral Way, Suite 45**
STREET ADDRESS **Miami, FL 33176**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *SIGNATURE REQUIRED* **1-24-03** **308-971-8690**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)