


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

4/5

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-09-2003 90195 003 ***150.00

DOCUMENT # P02000042251		
1. Entity Name CLAUDIO R. GOMEZ, PA		
Principal Place of Business 1012 SEVILLA CIRCLE FT LAUDERDALE FL 33326	Mailing Address 1012 SEVILLA CIRCLE FT LAUDERDALE FL 33326	



2. Principal Place of Business 2205 Salerno Cir		3. Mailing Address 2205 Salerno Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston FL		City & State Weston FL	
Zip 33327	Country USA	Zip 33327	Country USA

CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0426357		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOMEZ, CLAUDIO R 1012 SEVILLA CIRCLE FT LAUDERDALE FL 33326		7. Name and Address of New Registered Agent Name Gomez, Claudio R. Street Address (P.O. Box Number is Not Acceptable) 2205 Salerno Cir City Weston FL Zip Code 33327	

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  **Claudio Gomez** DATE **03/10/03**

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 NAME DP GOMEZ, CLAUDIO R	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1012 SEVILLA CIRCLE		STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33326		CITY-ST-ZIP	
TITLE NAME DV VALERY, MARIA C	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1012 SEVILLA CIRCLE		STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33326		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, or in any other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **3/10/03**

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

CR2E034 (10/02)