

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91036 001 ***150.00

DOCUMENT # P02000048737

1. Entity Name
LAW OFFICES OF GOMEZ & ASSOCIATES, P.A.



Principal Place of Business
**15500 NEW BARN ROAD
SUITE 105
MIAMI LAKES FL 33014**

Mailing Address
**15500 NEW BARN ROAD
SUITE 105
MIAMI LAKES FL 33014**



2. Principal Place of Business

3. Mailing Address

7975 NW 154 Street

7975 NW 154 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 320

Suite 320

City & State

City & State

Miami Lakes, FL

Miami Lakes, FL

Zip

Country

Zip

Country

33016

FL

33016

FL

4. FEI Number

42-1536069

Applied For

Not Applicable

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

**GOMEZ, JOSE L ESQ.
15500 NEW BARN ROAD
SUITE 105
MIAMI LAKES FL 33014**

Name **Gomez, Jose L Esq.**

Street Address (P.O. Box Number is Not Acceptable)

7975 NW 154 Street, Suite 320

City **Miami Lakes FL**

Zip Code **33016**

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

4/3/03

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 **D** ☐ Delete
NAME **GOMEZ, JOSE L ESQ.**
STREET ADDRESS **15500 NEW BARN ROAD #105**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

TITLE **D** ☐ Delete
NAME **Gomez, Jose L Esq.**
STREET ADDRESS **7975 NW 154 Street #320**
CITY-ST-ZIP **Miami Lakes, FL 33016**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

Daytime Phone #

CR2E034 (10/02)