

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/28/2003-90065-004 \$150.00-\$150.00

00388265
AV

DOCUMENT # P02000065391
1. Entity Name
LAW OFFICE OF MARIA DE LOS ANGELES TORRES, P.A.



03 OCT 15 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
25 S.E. 2ND AVE. SUITE #714
MIAMI FL 33131

Mailing Address
25 S.E. 2ND AVE. SUITE #714
MIAMI FL 33131



2. Principal Place of Business
25 SE 2nd Ave.
Suite, Apt. #, etc.
714

3. Mailing Address
Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33131 Country
Dade

City & State
Zip
Country

4. FEI Number
03-0465300

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

TORRES, MARIA DE LOS A.
25 S.E. 2ND AVE, SUITE #714
MIAMI FL 33131

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 *Maria de los A. Torres* *Maria de los A. Torres* 10-10-03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 *President*
NAME *Maria de los A. Torres* ☐ Delete
STREET ADDRESS *15041 SW 49 Ct.*
CITY-ST-ZIP *Miramar FL 33027*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: *Maria de los A. Torres* 10-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Maria de los A. Torres

CR2E034 (4/03)