

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91807 049 \*\*\*150.00

DOCUMENT # **P02000107919**

1. Entity Name

**Mauricio L. Pons P.A.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**440 SW 18 TE**

Suite, Apt. #, etc.

3. Mailing Address

**440 SW 18 TE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**14-1864713**

☒ Applied For

☐ Not Applicable

Zip

**33129**

Country

**USA**

Zip

**33129**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent.

Name

**Maurice Pons**

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

**440 SW 18 Terrace**

City

**Miami**

FL

Zip Code

**33129**

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

January 1 to May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**all positions P/V/B/T/D/CH**  
**Maurice Pons**  
**440 SW 18 Terrace**  
**Miami FL 33129**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with or without being empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 305 21839129**

Date

Daytime Phone #

CR2E034B (12/02)