

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90766 018 ***150.00

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

DOCUMENT # P02000112240



1. Entity Name
FRANCISCO GONZALEZ, C.P.A., P.A.

90117833

Principal Place of Business
**C/O MORRISON BROWN AGRIZ & COMPANY LLP
 1001 BRICKELL BAY DRIVE 9TH FLOOR
 MIAMI, FL 33131**

Mailing Address
**C/O MORRISON BROWN AGRIZ & COMPANY LLP
 1001 BRICKELL BAY DRIVE 9TH FLOOR
 MIAMI, FL 33131**



CHECK HERE IF MAKING CHANGES

| | | | | | | | |
|--------------------------------|--|---------------------|--|------------------------------------|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 22-3879192 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | City & State | | City & State | |

| | | | | | |
|-----|---------|-----|---------|---|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|---------------------------------------|

| | | | | | | | |
|--|--|--|--|---|--|--------------|--|
| 6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD 43RD FLOOR MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent | | | |
| Name | | | | Ed S. Torgas | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | 1001 Brickell Bay Drive | | | |
| City | | | | 9th Floor | | | |
| City | | | | MIAMI | | FL | |
| | | | | Zip Code | | 33131 | |

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: **4/29/03**

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

| | | |
|--|--|------------------------------------|
| FILE NOW!!! FEES \$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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|--|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GONZALEZ, FRANK | | NAME | | |
| STREET ADDRESS | 1001 BRICKELL BAY DRIVE 9TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33131 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| 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, with all other like empowered.

SIGNATURE: DATE: **4/29/03** OFFICE PHONE: **305-373-5500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)