

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

DOCUMENT # P02000117514		
1. Entity Name J. JUDAS CORDERO, P.A.		
Principal Place of Business 94 W 34TH ST HIALEAH, FL 33012		Mailing Address 94 W 34TH ST HIALEAH, FL 33012
2. Principal Place of Business 722 Hialeah Dr. Suite, Apt. #, etc.		3. Mailing Address 722 Hialeah Dr. Suite, Apt. #, etc.
City & State Hialeah, FL Zip 33010 Country USA		City & State Hialeah, FL Zip 33010 Country USA
4. Filing Year 2003		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORDERO, J. JUDAS ESQ. 94 W 34TH ST HIALEAH, FL 33012		7. Name and Address of New Registered Agent 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, the registered agent.		
SIGNATURE Signature, Name or Printed Name of Registered Agent (if not applicable) (NOTE: Registered Agent signature required when terminating) DATE		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	PD	☐ Delete
NAME	CORDERO, J. JUDAS	
STREET ADDRESS	94 W 34TH ST	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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☐ CHECK HERE IF MAKING CHANGES

CR2EC34 (10/02)