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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

2007 OCT 31 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000013282
1. Entity Name
JOSE A AZCARATE, P.A. <i>4102-51082</i>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18911 NW 11 STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PEMBROKE PINES, FL	City & State
Zip 33029	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0667187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name JOSE A AZCARATE	
Street Address (P.O. Box Number is Not Acceptable) 18911 NW 11 STREET	
City PEMBROKE PINES	Zip Code 33029

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 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS JOSE A AZCARATE 18911 NW 11 STREET PEMBROKE PINES FL 33029
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11.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100110742251 10/12/07--01061--021 **309.75
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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 all other like empowers.

SIGNATURE: *Jose Azcarate* JOSE A AZCARATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-336-3029
11/6/07