

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010093

1. Entity Name

LEONARDO F. BRITO, P.A.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90075 008 ***150.00

Principal Place of Business

Mailing Address

1001 BRICKELL BAY DRIVE
 SUITE 3000
 MIAMI FL 33131
 US

11001 BRICKELL BAY DRIVE
 SUITE 3000
 MIAMI FL 33131
 US

2. Principal Place of Business
 100 SE 2nd Street

3. Mailing Address
 100 SE 2nd Street

Suite, Apt. #, etc.
 3850

Suite, Apt. #, etc.
 3850

City & State
 Miami, Florida

City & State
 Miami, Florida

4. FEI Number **65-0376578**

Applied For
 Not Applicable

Zip Country
 33131 USA

Zip Country
 33131 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITO, LEONARDO F
 1001 BRICKELL BAY DRIVE
 STE 3000
 MIAMI FL 33131

Name
Leonardo F. Brito
 Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street, Suite 3850

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.

SIGNATURE

3/27/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRITO, LEONARDO F 8005 N.W. 155TH STREET, SUITE B MIAMI FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Leonardo F. Brito 100 SE 2nd Street Suite 3850 Miami, Florida 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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

3/27/00

Date

305-373-5441

Daytime Phone #

CR2E034 (9/99)