

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90028 039 ***150.00

DOCUMENT # PA3000039083
1. Entity Name MIRTHA GUERRA AGUIRRE, P.A.

Principal Place of Business 1000 BRICKELL AVE SUITE 620
MIAMI, FL 33131

2. Principal Place of Business SAME

3. Mailing Address SAME

City & State MIAMI, FL

Zip 33131

4. FEI Number 65-0417978

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

A0055020

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MIRTHA AGUIRRE
1000 BRICKELL AVE #620
MIAMI, FL 33131

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.
SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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: _____ **DATE** 4/16/01 **Daytime Phone #** 305-536-2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)