

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90052 010 \*\*\*150.00

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**DOCUMENT # P94000007319**  
 1. Entity Name  
**M. JORGE ARECES, P.A.**

Principal Place of Business <b>9240 SW 72ND ST          #202          MIAMI FL 33173          US</b>	Mailing Address <b>9240 SW 72ND ST          #202          MIAMI FL 33173          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9240 SW 72 ST</b> Suite, Apt. #, etc. <b>114</b>	3. Mailing Address <b>Same as 2</b> Suite, Apt. #, etc.
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City & State <b>MIAMI, FL</b>	City & State	4. FEI Number <b>65-0471796</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33173</b>	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>ARECES, M J          9240 SW 72ND ST          #202          MIAMI FL 33173</b>		7. Name and Address of New Registered Agent Name <b>M. Jorge Areces</b> Street Address (P.O. Box Number is Not Acceptable) <b>9240 SW 72 ST</b> <b>Suite 114</b> City <b>MIAMI</b> FL Zip Code <b>33173</b>	
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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 *M. Jorge Areces* DATE 4/1/02  
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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTS ARECES, M. JORGE 9240 SW 72 ST. STE 202 MIAMI FL 33173</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARECES, M. JORGE 9240 SW 72 ST, STE 202 MIAMI FL</b> <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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: *M. Jorge Areces* DATE 4/1/02 DAYTIME PHONE # 305 598 0003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)