

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90229 017 ***150.00

DOCUMENT # P94000038538

1. Entity Name
~~JORGE E. DE LA HOZ, C.P.A., P.A.~~ P94000038538
 De La Hoz & Associates, P.A.

Principal Place of Business Mailing Address
~~1550 MADRUGA AVE. #403~~ ~~1550 MADRUGA AVE. #403~~
~~CORAL GABLES FL 33146~~ ~~CORAL GABLES FL 33146 3019~~
 US US

C0082211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 304 Palermo Ave. 304 Palermo Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Coral Gables, FL. Coral Gables, FL.
 Zip Country Zip Country
 33134 US. 33134 U.S.

4. FEI Number 65-0488482 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DE LA HOZ, JORGE E
 1550 MADRUGA AVE #403
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 304 Palermo Ave
 City Coral Gables FL Zip Code 33134

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 Jorge E. De La Hoz Jorge De La Hoz \$-5-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when resigning) 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

TITLE	PV <input type="checkbox"/> Delete
NAME	DE LA HOZ, JORGE E
STREET ADDRESS	1550 MADRUGA AVE #403
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Jorge De La Hoz JORGE E. DELAHOZ 4/5/00 305 448-5585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #