

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000045448

1. Entity Name

RICARDO MORALES-GOMEZ & ASSOCIATES INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90137 046 \*\*\*158.75

Principal Place of Business

Mailing Address

~~9900 S DADELAND BLVD~~  
~~PENTHOUSE~~  
~~MIAMI FL 33156~~  
~~US~~

**2 ALHAMBRA PLAZA**  
**SUITE 1050**  
**CORAL GABLES, FL 33134**

16903 NW 69 AVE  
 HIALEAH FL 33015-4267  
 US

2. Principal Place of Business

3. Mailing Address

**2 ALHAMBRA PLAZA**

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 1050**

City & State  
**CORAL GABLES, FL**

City & State

4. FEI Number

**65-0502573**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33134**

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, FELIX D

~~780 N.W. LE JEUNE RD.~~  
~~SUITE 427~~  
 MIAMI FL 33126

**CRUZ, FELIX D.**  
**782 N.W. LE JEUNE RD**  
**SUITE 439**  
**MIAMI, FL 33126**

Name

**CRUZ, FELIX D.**

Street Address (P.O. Box Number is Not Acceptable)

**782 N.W. LE JEUNE RD**  
**SUITE 439**

City

**MIAMI**

FL

Zip Code

**33126**

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

*Ricardo Morales-Gomez*  
**Ricardo Morales-Gomez President**

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

(NOTE: Registered Agent signature required when reinstating)

**01-10-00**

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  Delete  
 NAME **D**  
 STREET ADDRESS **MORALES-GOMEZ, RICARDO**  
 CITY-ST-ZIP **16903 N.W. 69TH AVE.**  
**MIAMI FL 33015**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **MORALES-GOMEZ, MIRTA D**  
 CITY-ST-ZIP **16903 N.W. 69TH AVE.**  
**MIAMI FL 33015**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  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 authority like empowered.

SIGNATURE:

*Ricardo Morales-Gomez*  
**Ricardo Morales-Gomez President**

Date

Daytime Phone #

**01-10-00 305-446-5055**