

**2001 UNIFORM BUSINESS REPORT (UBR)**

FILED  
10/2  
01 SEP 11 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000053386**  
1. Entity Name  
**PATRICIO ORDONEZ & ASSOCIATES INC.**

Principal Place of Business <b>10550 SW 7 TERR MIAMI FL 33174 US</b>	Mailing Address <b>10550 SW 7 TERR MIAMI FL 33174 US</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>65-0520733</b>	Applied For <input type="checkbox"/> Not Applicable
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08/16/01-90003-018 \$158.75

6. Name and Address of Current Registered Agent  
**GOMEZ, RODOLFO  
1762 SW 1ST ST.  
MIAMI FL 33135**

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. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001, Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ORDONEZ, PATRICIO 10550 SW 7 TERR MIAMI FL 33174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV ORDONEZ, MARIA 10550 SW 7 TERR MIAMI FL 33174</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 employees.

SIGNATURE: **SIGNATURE REQUIRED**

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# PATRICIO ORDONEZ & ASSOCIATES

Tile & Marble Contractors  
10550 S.W. 7 Terr.  
Miami, FL 33174  
Tel.: (305) 226-2266  
Fax: (305) 226-8489

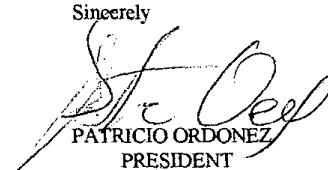
July 9 2001

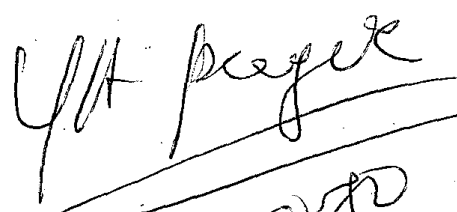
Fla Department of State  
Div. of Corp.  
Tallahassee, Fla.

Atc: Annual report:

As per my conversation with your office, I explaining that we send a file report with a check of \$ 150.00 pay to your office; on 04 20 01 # 1083 but you don't receive, may lost in the mail .  
Please tell me what I have to do after this, or simply please call me at 305 4982553 ; thanks for your concern of this matter ,

Sincerely

  
PATRICIO ORDONEZ  
PRESIDENT

  
YHA Payer  
ORD