

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90040 012 ***150.00

02/14/2002 8:00 AM

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

| | |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business 10550 SW 7 TERR MIAMI FL 33174 US | Mailing Address 10550 SW 7 TERR MIAMI FL 33174 US |
|------------------------------------------------------------------------|------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number **65-0520733**

| |
|----------------|
| Applied For |
| Not Applicable |

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

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 \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | DP ORDONEZ, PATRICIO 10550 SW 7 TERR MIAMI FL 33174 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ORDONEZ, MARIA 10550 SW 7 TERR MIAMI FL 33174 | <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 |
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| 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 another like empowered.

SIGNATURE: *[Signature]* **01-29-02** **305 498 2553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)