2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90159 044 ***150.00

022834 AV

DOCUMENT # P94000054567

1. Entity Name
BUSTO & JENNINGS PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
370 MINORCA AVE.	370 MINORCA AVE.
STE 15	STE. 11
CORAL GABLES FL 33134	CORAL GABLES FL 33134
US	US

2. Principal Place of Business	3. Mailing Address
	370 MINORCA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 15
City & State	City & State CORAL GABLES FL
Zip / Country	Zip 33134 / Country U.S

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0516730 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUSTO, MERCEDES
370 MINORCA AVE.
STE 15
MIAMI FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUSTO, MERCEDES		NAME	
STREET ADDRESS	370 MINORCA AVE SUITE 15		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JENNINGS, WILLILAM G III		NAME	
STREET ADDRESS	370 MINORCA AVE SUITE 15		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #