

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90061 044 \*\*\*150.00

**DOCUMENT # P94000069280**

1. Entity Name  
**R.A. NUNO & CO., INC.**

Principal Place of Business 9955 N KENDALL DR SUITE 204 MIAMI FL 33176 US	Mailing Address 10622 S.W. 69TH TTR. MIAMI FL 33173-1385 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>201 ALHAMBRA CIRCLE</b> Suite, Apt. #, etc. <b>SUITE 703</b>	3. Mailing Address <b>201 ALHAMBRA CIRCLE</b> Suite, Apt. #, etc. <b>SUITE 703</b>
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City & State <b>CORAL GABLES, FLORIDA</b>	City & State <b>CORAL GABLES, FLORIDA</b>	4. FEI Number <b>65-0516213</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33134</b>	Country <b>USA</b>	Zip <b>33134</b>	Country <b>USA</b>

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

**NUNO, ROBERT A**  
**9350 S. DIXIE HWY**  
**PENTHOUSE #1**  
**MIAMI FL 33156**

Name  
**NUNO, ROBERT A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 ALHAMBRA CIRCLE SUITE 703**  
 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

DATE **4/26/00**

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, 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NUNO, ROBERT A</b> <b>201 ALHAMBRA CIRCLE STE 703</b> <b>CORAL GABLES FL 33134</b>	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/00** Daytime Phone # **305 448-5666**

CR2E034 (9/99)