2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056535

1. Entity Name

SUZANNE FERNANDEZ & ASSOCIATES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90369 044 ***150.00

Principal Place of Business	Mailing Address
RIVERGATE PLAZA 444 BRICKELL AVENUE, SUITE 612 MIAMI FL 33131	RIVERGATE PLAZA 444 BRICKELL AVENUE, SUITE 612 MIAMI FL 33131-2406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
444 Brickell Avenue		444 Brickell Avenue	
Suite, Apt. #, etc.: Suite 718		Suite, Apt. #, etc.: Suite 718	
City & State: Miami FL		City & State: Miami FL	
Zip: 33131	Country:	Zip: 33131	Country:

4. FEI Number 65-0595628 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUZANNE FERNANDEZ
444 BRICKELL AVE STE 612
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 444 Brickell Avenue Suite 718

City: Miami FL Zip Code: 33131

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 X [signature] 5/1/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	P SUZANNE FERNANDEZ 444 BRICKELL AVE STE 612 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 444 Brickell Avenue, Suite 718 Miami FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: x [signature] 5/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #