

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91164 035 ***150.00

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059215
1. Entity Name
 HUMBERTO H. OCARIZ, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 S. BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 2400 City & State MIAMI, FL Zip 33131		3. Mailing Address 201 S. BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 2400 City & State MIAMI, FL Zip 33131	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0602684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name OCARIZ, HUMBERTO H.
Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD.
SUITE 2400
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 _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when certifying)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Primary Filing Fee is \$200.00
 After May 1, Fee is \$650.00
 Amended UBR is \$65.00
 Filing Charge Payable to Department of State

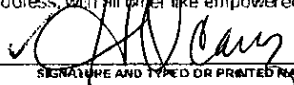
10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCARIZ, HUMBERTO H. 201 S. BISCAYNE BLVD., #2400 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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(2)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/01/02** **(305) 350-5171**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime P/C/Fax #

CR2E034B (12/01)