

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90223 041 \*\*\*150.00

**DOCUMENT # P96000002550**

1. Entity Name  
**THE LAW OFFICES OF JOSE A. SAAVEDRA P.A.**



Principal Place of Business

Mailing Address

**1428 BRICKELL AVE. 8TH FLOOR  
MIAMI FL 33131**

**1428 BRICKELL AVE. 8TH FLOOR  
MIAMI FL 33131**

2. Principal Place of Business

**9400 S. Dadeland Blvd.**

3. Mailing Address

**9400 S. Dadeland Blvd.**

Suite, Apt. #, etc.

**Penthouse Five**

Suite, Apt. #, etc.

**Penthouse Five**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33130**

Country

**USA**

Zip

**33150**

Country

**USA**

6. Name and Address of Current Registered Agent

**SAAVEDRA, JOSE A**

**1428 BRICKELL AVE., 8TH FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**SAAVEDRA, JOSE A**

Street Address (P.O. Box Number is Not Acceptable)

**9400 SOUTH DADELAND BOULEVARD**

**PENTHOUSE FIVE**

City

**MIAMI**

FL

Zip Code

**33156**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/03**

**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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SAAVEDRA, JOSE A</b>	
STREET ADDRESS	<b>1428 BRICKELL AVE., 8TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>SAAVEDRA, JOSE A</b>	<input type="checkbox"/> Delete
NAME	<b>9400 S. Dadeland Blvd.</b>	
STREET ADDRESS	<b>Penthouse Five</b>	
CITY-ST-ZIP	<b>Miami, FL 33150</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SAAVEDRA, JOSE A**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**1/10/03**

CR2E034 (10/02)