

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0216305 AV

03-14-2002 90067 043 \*\*\*150.00

DOCUMENT # **P96000016781**

1. Entity Name

**ERNESTO GONZALEZ C.P.A., P.A.**

Principal Place of Business

7700 NORTH KENDALL DRIVE  
 SUITE 505  
 MIAMI FL 33156

Mailing Address

7700 NORTH KENDALL DRIVE  
 SUITE 505  
 MIAMI FL 33156



2. Principal Place of Business

**2655 LE JEUNE ROAD**

Suite, Apt. #, etc.

**PH 2-B**

City & State

**CONAL GABLES, FLORIDA**

3. Mailing Address

**2655 LE JEUNE ROAD**

Suite, Apt. #, etc.

**PH 2-B**

City & State

**CONAL GABLES, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0643544**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, ERNESTO**  
**13420 S.W. 81 STREET**  
**MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name **GONZALEZ, ERNESTO**  
 Street Address (P.O. Box Number is Not Acceptable) **2655 LE JEUNE ROAD**  
**Suite PH 2-B**  
 City **CONAL 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 \_\_\_\_\_

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, 2002 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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, ERNESTO</b>	
STREET ADDRESS	<b>13420 S.W. 81 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE	<b>VSTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GONZALEZ, ERNESTO</b>	
STREET ADDRESS	<b>13420 S.W. 81 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33184</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, ERNESTO</b>	
STREET ADDRESS	<b>2655 LE JEUNE ROAD SUITE PH 2-B</b>	
CITY-ST-ZIP	<b>CONAL GABLES, FLORIDA 33134</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

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 registered 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ERNESTO GONZALEZ**

**3/4/02**

**305 444-7899**

CR2E034 (9/01)