

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90384 015 ***150.00

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DOCUMENT # P96000056274

1. Entity Name

ALDO P. GONZALEZ & ASSOCIATES, INC.

Principal Place of Business

1790 W. 49TH ST
 #305-5
 MIAMI FL 33012

Mailing Address

1790 W. 49TH ST
 #305-5
 MIAMI FL 33012

2. Principal Place of Business

10661 SW 88 STREET

3. Mailing Address

10661 SW 88 STREET

Suite, Apt. #, etc.

#214

Suite, Apt. #, etc.

#214

City & State

MIAMI, FLORIDA

City & State

Miami, Florida

Zip

33176

Country

Miami-Dade

Zip

33176

Country

MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0682242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ALDO P
 STE NO 305 5
 1790 W 49 ST
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **Aldo P. Gonzalez**

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

10661 SW 88 Street, Suite No. 214

City **Miami**

FL

Zip Code

33176

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

Aldo P. Gonzalez, President

4/4/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, ALICE L	
STREET ADDRESS	9770 S.W. 85TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, ALDO P P.E.	
STREET ADDRESS	9770 S.W. 85TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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 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:

Aldo P. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aldo P. Gonzalez

Date

4/4/02

Daytime Phone #

(305)596-7331

CR2E034 (9/01)