

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90045 028 ***150.00

0212423 AV

DOCUMENT # P96000092944

1. Entity Name

LILLIAM RAJOY & ASSOCIATES, INC.

Change of Suite

Principal Place of Business

Mailing Address

**300 ARAGON AVE.
 SUITE 300
 CORAL GABLES FL 33134**

**300 ARAGON AVE.
 SUITE 300
 CORAL GABLES FL 33134**



2. Principal Place of Business

300 Aragon Ave

3. Mailing Address

300 ARAGON AVE

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

Suite # 305

City & State

Coral Gables, FL

City & State

Coral Gables, Fla

Zip

33134

Country

USA

Zip

33134

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0820061

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAJOY, LILLIAM
 300 ARAGON AVE.
 SUITE 300
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name: LILLIAM RAJOY
Street Address (P.O. Box Number is Not Acceptable): 300 ARAGON AVE
Suite # 305
City: Coral 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

Lilliam Rajoy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

1-11-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAJOY, LILLIAM 300 ARAGON AVE., #300 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAJOY, JOSE 300 ARAGON AVE., #300 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir, Pres, Sec, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LILLIAM RAJOY 300 ARAGON AVE # 305 CORAL GABLES, FLA 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres Jose Rajoy 300 Aragon Ave # 305 Coral Gables, Fla 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Lilliam Rajoy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pos 1-11-02 305 774-9455

CR2E034 (9/01)