

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90163 036 \*\*\*150.00

**DOCUMENT # P96000101974**

1. Entity Name  
**RENE PALOMINO, JR., P.A.**

Principal Place of Business  
**717 PONCE DE LEON BLVD**  
**SUITE #217**  
**CORAL GABLES FL 33134**

Mailing Address  
**717 PONCE DE LEON BLVD**  
**SUITE #217**  
**CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0722731**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALOMINO, RENE JR.**  
**717 PONCE DE LEON BLVD**  
**SUITE 217**  
**CORAL GABLES FL 33134**

Name

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

City

**FL**

Zip Code

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, 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD**  
**PALOMINO, RENE JR.**  
**800 DOUGLAS ROAD, SUITE 219**  
**CORAL GABLES FL 33134** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/02 (305) 446-9320**  
 Date Daytime Phone #

CR2E034 (4/02)

*Attachment P96000101974*  
LAW OFFICES  
**RENE PALOMINO JR.**  
PROFESSIONAL ASSOCIATION

TEL: (305) 446-9320  
FAX: (305) 446-4995

717 PONCE DE LEON BVD., SUITE 217  
CORAL GABLES, FLORIDA 33134

July 17, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report  
Document No: P96000101974

Dear Sir/Madam:

Enclosed please find my completed 2002 Uniform Business Report and a check in the amount of \$150.00. Please be advised that this was the first report that I received. This filing arrived the first week of July, therefore, the filing fee should be only \$150.00 instead of \$550.00

Thank you for your attention to this matter.

Very truly yours,

  
\_\_\_\_\_  
Rene Palomino Jr., Esq.