

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90052 021 ***150.00

0092027

DOCUMENT # P97000000561

1. Entity Name
GOMEZ & ASSOCIATES CO.

Principal Place of Business
1490 W 49TH PL, SUITE 510
HIALEAH FL 33012

Mailing Address
~~1490 W 49TH PL, SUITE 510~~
~~HIALEAH FL 33012~~

2. Principal Place of Business

3. Mailing Address
P.O. Box 22638

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HIALEAH, FL

4. FEI Number **65-0715525**

Applied For
 Not Applicable

Zip Country

Zip Country
33002 USA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOMEZ, JUAN D
1490 W 49TH PL, SUITE 510
HIALEAH FL 33012

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	GOMEZ, JUAN D	
STREET ADDRESS	1490 W 49TH PL, SUITE 510	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, MARIA M	
STREET ADDRESS	1490 W 49TH PL, SUITE 510	
CITY-ST-ZIP	HIALEAH FL 33012	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, JUAN D	
STREET ADDRESS	P.O. Box 22638	
CITY-ST-ZIP	HIALEAH, FL 33002	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

CR2E034 (10/00)