

2002 UNIFORM BUSINESS REPORT (UBR)

0122175 AT

DOCUMENT # **P97000005254**

1. Entity Name

HENRY PETER NORIEGA, PA

FILED

03 JAN -8 AM 9:04

Principal Place of Business

3860 S.W. 8TH STREET

CORAL GABLES FL 33034

Mailing Address

1000 N.W. NORTH RIVER DRIVE

UNIT 108

MIAMI FL 33136

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

4505 W Flagler St

3. Mailing Address

15135 NW 89th

Suite, Apt. #, etc.

Suite 201

City & State

Miami, FL 33134

Zip

33134

Country

USA

REINSTATEMENT 02

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0720604

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NORIEGA, HENRY P

3860 S.W. 8TH STREET

CORAL GABLES FL 33034

7. Name and Address of New Registered Agent

Name

NONE

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

TITLE **DP** ☐ Delete
NAME **NORIEGA, HENRY P**
STREET ADDRESS **1000 NW NORTH RIVER DR. #108**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000009998210
01/09/03--01059--006 **758.75

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-31-02

CR2E034 (4/02)