

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90247 035 ***150.00

DOCUMENT # P97000022184

1. Entity Name
ANNETTE GOMEZ, PA

Principal Place of Business

**80 SW 8TH STREET
 2804
 MIAMI FL 33130**

Mailing Address

**80 SW 8TH STREET
 2804
 MIAMI FL 33130**

361916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1644 NW 17 Avenue
 Suite, Apt. #, etc.

3. Mailing Address

1644 NW 17 Avenue
 Suite, Apt. #, etc.

City & State
Miami FL

Zip
33125

Country
USA

City & State
Miami FL

Zip
33125

Country
USA

4. FEI Number **65-0737414**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOMEZ, ANNETTE
 80 SW 8TH STREET
 2804
 MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name **Annette Gomez**
Street Address (P.O. Box Number is Not Acceptable)
1644 NW 17 Avenue
City **Miami** **FL** **Zip Code** **33125**

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 *Annette Gomez* **4/29/02**
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 \$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 **D** ☐ Delete
NAME **GOMEZ, ANNETTE**
STREET ADDRESS **80 SW 8TH STREET STE 2804**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **GOMEZ, ANNETTE**
STREET ADDRESS **1644 NW 17 Avenue**
CITY-ST-ZIP **Miami FL 33125**

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: *Annette Gomez* / **Annette Gomez** / **4/29/02** **305 545-0222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)