

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90122 033 ***150.00

DOCUMENT # P97000024107

1. Entity Name
MARIANO R. GONZALEZ, P.A.

Principal Place of Business 1111 LINCOLN ROAD 325 MIAMI BEACH FL 33139 US	Mailing Address 1111 LINCOLN ROAD 325 MIAMI BEACH FL 33139 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15600 N.W. 67 Ave. Suite, Apt. #, etc. 308 City & State Miami Lakes, FL	3. Mailing Address 15600 N.W. 67 Ave. Suite, Apt. #, etc. 308 City & State Miami, FL
--	--

4. FEI Number 65-0745485	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33014	Country U.S.	Zip 33014	Country U.S.
---------------------	------------------------	---------------------	------------------------

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

6. Name and Address of Current Registered Agent
**GONZALEZ, MARIANO R
 1111 LINCOLN ROAD
 SUITE 325
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
 Name **(same)**
 Street Address (P.O. Box Number is Not Acceptable)
**15600 N.W. 67A Avenue
 Suite 308**
 City **Miami Lakes** **FL** Zip Code **33014**

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 **2/19/01**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARIANO R 1111 LINCOLN ROAD, SUITE 325 MIAMI BEACH FL 33139 <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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gonzalez, Mariano R 15600 N.W. 67 Avenue, Suite 308 Miami Lakes, FL 33014
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
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: DATE **2/19/01** DAYTIME PHONE # **305-818-9993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)