## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **P97000034082**\* GONZALEZ AND BAUER RESEARCH ASSOCIATES CORP. 01-31-2001 90183 042 \*\*\*150.00 Principal Place of Business Mailing Address 10311 SW 138TH CT 10311 SW 138TH CT MIAMI FL 33186 MIAMI FL 33186 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0743162 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OVIES, IDA C Street Address (P.O. Box Number is Not Acceptable) 2807 DOUGLAS ROAD SUITE 400 **MIAMI FL 33145** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Change ☐ Addition TITLE ☐ Delete TITLE NAME GONZALEZ, HERNANDO V NAME 3815 Deanville Way Cumming, GA 30041 STREET ADDRESS 10311 SW 138TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 99186-TITLE ☐ Delete NAME GONZALEZ, SANDRA B STREET ADDRESS 10311 SW-138TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIA**MI FL 33186** ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP