

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90102 014 ***150.00

DOCUMENT # P97000036776

Entity Name

LIEBLER, GONZALEZ, & PORTUONDO, P.A.

80008537



DO NOT WRITE IN THIS SPACE

Principal Place of Business MIAMI CENTER SOUTH-BISCAYNE BLVD FL 33131	Mailing Address 2300 MIAMI CENTER 201-SOUTH-BISCAYNE-BLVD MIAMI FL 33131-4032
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2. Principal Place of Business 20 Southeast Second St. Suite, Apt. #, etc. Suite 3700 City & State Miami, Florida	3. Mailing Address 100 Southeast Second St. Suite, Apt. #, etc. Suite 3700 City & State Miami, FL
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4. FEI Number 65-0744598	Applied For <input type="checkbox"/> Not Applicable
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Zip 33131	Country	Zip 33131	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GONZALEZ, JUAN A
2300 MIAMI CENTER
201-SOUTH-BISCAYNE-BLVD
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
**100 Southeast Second Street
Suite 3700
City
Miami FL Zip Code
33131**

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: **Juan A. Gonzalez** 1/18/00
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, 2000 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 PORTUONDO, BERNARDO A 201-SOUTH-BISCAYNE-BLVD MIAMI-FL-33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEBLER, J RANDOLPH 201-SOUTH-BISCAYNE-BLVD MIAMI-FL-33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JUAN A 201-S-BISCAYNE BLVD MIAMI-FL-33131	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
100 Southeast Second Street, Suite 3700 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
100 Southeast Second Street, Suite 3700 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
100 Southeast Second Street, Suite 3700 Miami, FL 33131	
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: **Bernardo A. Portuondo, VP** 1/18/00 (305) 379-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)