2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059385

1. Entity Name
JOSE M. CARRION, P.A.

Principal Place of Business	**Mailing Address**
1601 EAST AMELIA STREET	1601 EAST AMELIA STREET
ORLANDO FL 32803	ORLANDO FL 32803
US	US

2. Principal Place of Business 1500 East Robinson Street

3. Mailing Address 1500 East Robinson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Orlando Florida

City & State Orlando Florida

Zip 32801   Country

Zip 32801   Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3458990   Applied For / Not Applicable

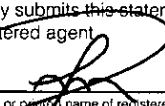**5. Certificate of Status Desired** ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARRION, JOSE M ESQ.
37 N ORANGE AVE STE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: Jose M. Carrion, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1500 East Robinson Street

City Orlando   FL   Zip Code 32801

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 _____ Jose M. Carrion _____ 1-7-03

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	☐ Delete	TITLE	PC	☐ Change	☐ Addition
NAME	CARRION, JOSE M		NAME	Jose M. Carrion		
STREET ADDRESS	37 N ORANGE AVE STE 500		STREET ADDRESS	1500 East Robinson Street		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP	Orlando Florida 32801		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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			

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_   1-7-03   (407) 898-3348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #