

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90062 029 ***150.00

DOCUMENT # P97000059385

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



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

Mailing Address
**1601 EAST AMELIA STREET
ORLANDO FL 32803
US**



2. Principal Place of Business
1500 East Robinson Street
Suite, Apt. #, etc.

3. Mailing Address
1500 East Robinson Street
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Orlando Florida

City & State
Orlando Florida

4. FEI Number **59-3458990**

Applied For
 Not Applicable

Zip **32801** Country

Zip **32801** Country

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

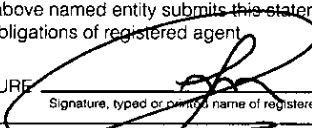
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Delete
NAME **PC CARRION, JOSE M**
STREET ADDRESS **37 N ORANGE AVE STE 500**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
NAME **PC Jose M. Carrion**
STREET ADDRESS **1500 East Robinson Street**
CITY-ST-ZIP **Orlando Florida 32801**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 (407) **898-3348**
Date Daytime Phone #

CR2E034 (10/02)