

2000 UNIFORM BUSINESS REPORT (UBR)

4/1:

FILED
May 15, 2000 8:00 am
Secretary of State

04-11-2000 90063 039 ***150.00

DOCUMENT # P97000070121

1. Entity Name
JOSEFINA M. PEREZ-COFINO, P.A.

Principal Place of Business 930 WASHINGTON AVENUE SUITE 206 MIAMI BEACH FL 33139	Mailing Address 930 WASHINGTON AVENUE SUITE 206 MIAMI BEACH FL 33126-3429
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5040 N.W. 7 ST.	3. Mailing Address 5040 NW 7 ST.
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Suite, Apt. #, etc Suite 610	Suite, Apt. #, etc Suite 610
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City & State Miami FL	City & State Miami, FL
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Zip 33126	Country	Zip 33126	Country
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4. FEI Number 65-0776093	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ANDERSON, ESTEBAN DR.
 90 N.W. 87TH AVENUE
 MIAMI FL 33135**

7. Name and Address of New Registered Agent
 Name **Jose COFINO, Registered Agent**
 Street Address (P.O. Box Number is Not Acceptable)
5199 NW 7 ST. Apt. 516 E
 City **Miami** FL Zip Code **33126**

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 _____
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, 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 PEREZ-COFINO, JOSEFINA M 930 WASHINGTON AVENUE SUITE 206 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perez-Cofino, Josefina M <input type="checkbox"/> Delete 5040 NW 7 ST, Suite 610 Miami, FL 33126 Director
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	<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
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: **4/6/00** DAYTIME PHONE #: **305 648-1040**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)