

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90108 009 ***150.00

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DOCUMENT # P97000075853

1. Entity Name

ARAZOZA & COMPANY, P.A.

Principal Place of Business

**2100 SALZEDO STREET
 SUITE 300
 CORAL GABLES FL 33134**

Mailing Address

**2100 SALZEDO STREET
 SUITE 300
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0778425**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ARAZOZA COMAS DETORRES FERNANDEZ FRAGA
 2100 SALZEDO STREET
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **ARAZOZA & FERNANDEZ-FRAGA P.A.**

Street Address (P.O. Box Number is Not Acceptable)

2100 Salzedo Street, Ste. 300

City **CORAL GABLES** **FL** Zip Code **33134**

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 fee, 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ARAZOZA, CARLOS	
STREET ADDRESS	9320 S W 98TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COMAS, GASTON J	
STREET ADDRESS	8267 S W 85TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARAZOZA, CARLOS F	
STREET ADDRESS	9600 S W 98TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOSE M	
STREET ADDRESS	466 S W 2ND ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHACON, MARIA	
STREET ADDRESS	8320 N W 166TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 **444-3223**

Date Daytime Phone #

CFR2E034 (10/00)