

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90113 039 \*\*\*150.00

**DOCUMENT # P97000098036**

**1. Entity Name**  
**BARBARA B. GIMENEZ, P.A.**

**Principal Place of Business**

~~5810 BISCAYNE BLVD~~  
~~SUITE 2~~  
~~MIAMI FL 33137~~

**Mailing Address**

~~5810 BISCAYNE BLVD~~  
~~SUITE 2~~  
~~MIAMI FL 33137~~



**2. Principal Place of Business**

**7001 Biscayne Blvd**  
**2nd FL**

**3. Mailing Address**

**7001 Biscayne Blvd**  
**2nd FL**

DO NOT WRITE IN THIS SPACE

**City & State**

**Miami FL**

**City & State**

**Miami FL**

**4. FEI Number** = **65-0314949**

**Applied For**  
☐ **Not Applicable**

**Zip**

**33138**

**Country**

**USA**

**Zip**

**33138**

**Country**

**USA**

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

**6. Name and Address of Current Registered Agent**

**GIMENEZ, BARBARA B**  
~~**5810 BISCAYNE BLVD**~~  
~~**SUITE 2**~~  
~~**MIAMI FL 33137**~~

**7. Name and Address of New Registered Agent**

**Name**

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

**7001 Biscayne Blvd**  
**2nd FL**

**City**

**Miami**

**FL**

**Zip Code**

**33138**

**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 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**TITLE** ☐ **Delete**  
**NAME** **D**  
**STREET ADDRESS** **GIMENEZ, BARBARA B**  
**CITY-ST-ZIP** **5810 BISCAYNE BLVD STE 2**  
**MIAMI FL 33137**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME** **7001 Biscayne Blvd 2nd FL**  
**STREET ADDRESS** **Miami FL 33138**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
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**STREET ADDRESS**  
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**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 all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/5/02** **305 759 9997**

CR2E034 (9/01)