## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P9800006841 ALBERTO JOSE, CORP. 01-30-2001 90214 046 \*\*\*150.00 Principal Place of Business Mailing Address 7931 S.W. 152ND AVE 7931 S.W. 152ND AVE MIAMI FL 33193 MIAMI FL 33193 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0809876 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent <u>. . -.</u> 6. Name and Address of Current Registered Agent Name RICARDO E. PINES, P.A. Street Address (P.O. Box Number is Not Acceptable) 3301 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PVD ☐ Delete TITLE TITLE NAME NAME MARTINEZ, ALBERTO J STREET ADDRESS STREET ADDRESS 7931 S.W. 152ND AVE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33193 ☐ Change ☐ Addition ☐ Delete TITLE NAME MARTINEZ, SANTIAGO E NAME STREET ADDRESS 7931 S.W. 152ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 TITLE TITÜÉ" Delēte ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. I hereby certify that the information indicated on this eport or supple the information ied with of the corporation changed, or on a or the receiv attachment

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Quality 22,200 Daytime Phone