

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000007909**  
 1. Entity Name  
**1830 Professional Plaza INC.**

**FILED**

01 SEP 24 AM 11:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1830 NW 7st suite 2000 MIAMI FL 33125**      **1830 NW 7st suite 2000 MIAMI FL 33125**

2. Principal Place of Business Suite, Apt. #, etc.  
**1830 NW 7st #2000**  
 3. Mailing Address Suite, Apt. #, etc.  
**1830 NW 7st 2000**

City & State City & State  
**MIAMI FL**      **MIAMI FL**

Zip Country Zip Country  
**33125 Dade**      **33125 Dade**

4. FEI Number Applied For  
**65-0824461**      Not Applicable

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

DO NOT WRITE IN THIS SPACE

*aa 9/27*

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

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

**Gehidy Lopez**  
**1830 NW 7st #2000**  
**MIAMI FL 33125**

Name **Gehidy Lopez**  
 Street Address (P.O. Box Number is Not Acceptable) **1830 NW 7st #2000**  
 City **MIAMI** FL Zip Code **33125**

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 *Gehidy Lopez* **Gehidy Lopez** **7/17/01**  
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, 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/D**  Delete  
 NAME **Gehidy Lopez**  
 STREET ADDRESS **1830 NW 7st #2000**  
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **100004612381--5**  
 STREET ADDRESS **-09/26/01--01016--020**  
 CITY-ST-ZIP **\*\*\*558.95 \*\*\*558.95**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **100004612381--5**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **-09/26/01--01016--020**  
**\*\*\*350.00 \*\*\*350.00**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Gehidy Lopez* **Gehidy Lopez** **7/17/01** **(305)298 8416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)