

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90013 049 \*\*\*150.00

**DOCUMENT # P98000023156**

1. Entity Name  
**CRISTINA M. BRENNAN, P.A.**

Principal Place of Business  
**13020 SW 69 COURT**  
**MIAMI FL 33156**  
**US**

Mailing Address  
**13020 SW 69 COURT**  
**MIAMI FL 33156**  
**US**

2. Principal Place of Business  
**550 Jeronimo DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**550 Jeronimo DR**  
 Suite, Apt. #, etc.

City & State  
**Coral Gables, FL**  
 Zip  
**33146**  
 Country  
**USA**

City & State  
**Coral Gables FL**  
 Zip  
**33156**  
 Country  
**USA**

4. FEI Number **65-0819125** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BRENNAN, CRISTINA M**  
**13020 SW 69 CT**  
**MIAMI FL 33156**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**550 Jeronimo Drive**  
 City **Coral Gables** **FL** Zip Code **33146**

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 **4/30/01**

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

TITLE **P**  
 NAME **BRENNAN, CRISTINA M**  
 STREET ADDRESS **13020 SW 69 CT**  
 CITY-ST-ZIP **MIAMI FL 33156**  
**550 Jeronimo DR**  
**Coral Gables, FL 33146**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 STREET ADDRESS  
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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

**CRISTINA M. BRENNAN** **4/30/01** **(305) 666-8686**  
 Date Daytime Phone #

0193333

CR2E034 (10/00)