

2001 UNIFORM BUSINESS REPORT (UBR)

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

City & State

Coral Gables, FL

Zip 33146

Country USA

Zip 33156

Country 651

4. FEI Number

65-0819125

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

BRENNAN, CRISTINA M
13020 SW 69 CT
MIAMI FL 33156

Name

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

550 Jeronimo Drive

City

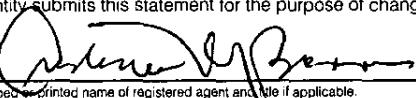
Coral Gables

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.

4/30/01

DATE

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

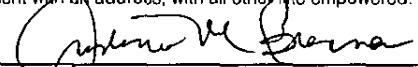
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BRENNAN, CRISTINA M 13020 SW 69 CT 550 Jeronimo Dr MIAMI FL 33156 CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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