

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90004 022 ***550.00

MARK AV

DOCUMENT # P98000029773

1. Entity Name
LISA TORRES & ASSOCIATES, INC.

Principal Place of Business . Mailing Address
1550 MADRUGA AVE SUITE 150 CORAL GABLES FL 33146



2. Principal Place of Business **9883 NW 51st Terrace**
 Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 227085**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0823598** Applied For Not Applicable

Zip **33178** Country Country Zip **33122-7085** Country

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

6. Name and Address of Current Registered Agent
TORRES, LISA N
4870 B.W. 102ND AVENUE
SUITE 204
MIAMI FL 33178

7. Name and Address of New Registered Agent
 Name **LISA A. TORRES**
 Street Address (P.O. Box Number is Not Acceptable) **9883 NW 51st Terrace**
 City **MIAMI** FL Zip Code **33178**

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TORRES, LISA A 4870 NW 102ND AVE UNIT 204 MIAMI FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: LISA A. TORRES / **LISA A. TORRES** Date: **8/22/01** Daytime Phone #: **305-669-8600**

CR2E034 (5/01)