

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90019 008 \*\*\*150.00

**DOCUMENT # P98000042967**

1. Entity Name  
**MESTRE & ASSOCIATES, P.A.**

Principal Place of Business 328 MINORCA AVE 2ND FL CORAL GABLES FL 33134	Mailing Address 328 MINORCA AVE 2ND FL CORAL GABLES FL 33134
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2. Principal Place of Business 2600 Douglas Road	3. Mailing Address 2600 Douglas Road
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Suite, Apt. #, etc. Penthouse 6	Suite, Apt. #, etc. Penthouse 6
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City & State Coral Gables, FL	City & State Coral Gables, FL
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Zip 33134	Country USA	Zip 33134	Country USA
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4. FEI Number **65-0831469** Applied For  
 Not Applicable

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

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

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

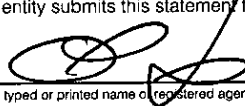
**MESTRE, OCTAVIO E**  
**328 MINORCA AVE 2ND FL**  
**CORAL GABLES FL 33134**

Name  
**Mestre, Octavio E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2600 Douglas Road**

**Penthouse 6**

City **Coral Gables** **FL** Zip Code **33134**

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  **Octavio Mestre, Director**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MESTRE, OCTAVIO E</b> <b>328 MINORCA AVE 2ND FL</b> <b>CORAL GABLES FL 33134</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Mestre, Octavio E.</b> <b>2600 Douglas Road, PH 6</b> <b>Coral Gables, FL 33134</b>	<input checked="" 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
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

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:  **Octavio Mestre, Director** Date **4/17/01** Daytime Phone # **305-443-7070**

CR2E034 (10/00)