2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

2701 LEJEUNE ROAD SUITE 350

P98000043887 **DOCUMENT #**

1. Entity Name

Principal Place of Business

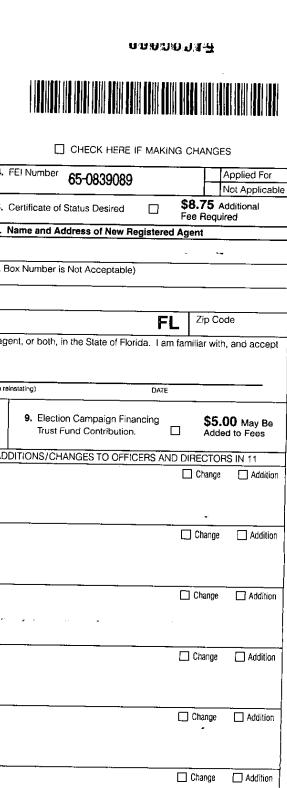
2701 LEJEUNE ROAD SUITE 350

GUILLERMO F. MASCARO, PROFESSIONAL ASSOCIATION



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90065 027 ***150.00



CORAL GABLES FL 33134		CORAL GABLES FL 33134				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0839089 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additing Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MASCARO, GUILLERMO F			Name	- The second of the Programmed Agent		
2701 LEJEUNE ROAD SUITE 350 CORAL GABLES FL 33134			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
CONAL	ANDLES FL 33134					
•			City	Zip Code		
the obligation SIGNATURE	J. T. T. L.	the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and	d accept	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requ	red when reinstating) DATE		
· Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of			9. Election Campaign Financing \$5.00 Proceedings and Contribution.	May Be Fees	
10.	OFFICERS AND [DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASCARO, GUILLERMO F 2701 LEJEUNE ROAD SUITE 350 CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change [Addition	
TITLE	•	☐ Delete	TITLE	☐ Change	Addition	

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

STREET ADDRESS

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SIGNATURE:

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SIGNATURS