

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90208 003 \*\*\*150.00

**DOCUMENT # P98000090904**

1. Entity Name

**ROBERT CARDOSO, JR., P.A.**

Principal Place of Business

**5235 S.W. 99TH COURT  
 MIAMI FL 33165**

Mailing Address

**5235 S.W. 99TH COURT  
 MIAMI FL 33165**

2. Principal Place of Business

**3209 SW 138 Court**

3. Mailing Address

**3209 SW 138 Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33175**

Country

**USA**

Zip

**33175**

Country

**USA**

4. FEI Number

**65-0873373**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**TORRES, RONALD R.  
 5235 S.W. 99TH COURT  
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **TORRES, RONALD R.**

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

**3209 SW 138 COURT**

City

**MIAMI**

**FL**

Zip Code

**33175**

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]*

**RONALD R. TORRES**

**04/05/01**

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

TITLE **D**  
 NAME **CARDOSO, ROBERT R.**  
 STREET ADDRESS **5235 SW 99 CT**  
 CITY-ST-ZIP **MIAMI FL 33165**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
 NAME **CARDOSO, ROBERT**  
 STREET ADDRESS **3209 SW 138 COURT**  
 CITY-ST-ZIP **MIAMI, FL 33175**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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]* **ROBERT CARDOSO**  
**DIRECTOR**

**04/05/01 305-725-4954**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/00)