

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91328 040 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <u>P990000-12657</u>					
<b>1. Entity Name</b> <u>José E Mendez P.O., P.A.</u>					
<b>Principal Place of Business</b> <u>2261 N UNIVERSITY DRIVE</u> <u>SUITE 200</u> <u>Pembroke Pines, FL 33024</u>			<b>Mailing Address</b>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> <u>65-0916812</u>	
				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>					
<b>7. Name and Address of New Registered Agent</b>					
Name <u>José E Mendez</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>11020 MINNEAPOLIS DRIVE</u>					
City <u>Cooper City</u> <b>FL</b> Zip Code <u>33026</u>					
<b>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.</b>					
SIGNATURE <u>X José E Mendez</u> DATE <u>4/25/01</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)</b>					
<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b> </div>					
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <b>\$5.00 May Be Added to Fees</b>					
<b>11. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P.V.T.S.D</u>   Delete <u>José Mendez</u> <u>11020 MINNEAPOLIS DRIVE</u> <u>COOPER CITY FL 33026</u>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change   Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change   Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change   Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change   Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change   Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change   Addition				
<b>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.</b>					
SIGNATURE: <u>José Mendez</u> <u>X José E Mendez</u> DATE <u>4/25/01</u> Daytime Phone # <u>954 987 1150</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					