

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90059 012 ***150.00

DOCUMENT # P99000014453

1. Entity Name
MARIA ISABEL CADENAS, CPA, P.A.

Principal Place of Business

**5890 SW 82 ST.
 MIAMI FL 33143**

Mailing Address

**6619 S. DIXIE HWY.. #326
 MIAMI FL 33143**

2. Principal Place of Business

**1390 S. DIXIE HWY
 Suite, Apt. #, etc.
 #2108**

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

4. FEI Number

65-0895710

Applied For
 Not Applicable

Zip

33146

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CADENAS, MARIA I
 5890 SW 82 ST.
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1390 S. DIXIE HWY #2108
 City **CORAL GABLES** FL Zip Code **33146**

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, 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	CADENAS, MARIA I	
STREET ADDRESS	6619 SOUTH DIXIE HWY #326	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SUAREZ-MARILL, JOSE E	
STREET ADDRESS	6619 SOUTH DIXIE HWY #326	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	CADENAS, MARIA J	
STREET ADDRESS	6619 SOUTH DIXIE HWY #326	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Maria I. Cadenas, Pres.** Date: **04/30/02** Daytime Phone #: **305-665-2466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)