

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90014 023 ***150.00

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DOCUMENT # P99000023543

1. Entity Name
MARIO LOAIZA & ASSOCIATES, INC.

Principal Place of Business
**343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Mailing Address
**4611 SOUTH UNIVERSITY DRIVE
 SUITE 175
 DAVIE FL 33328**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5397 ORANGE DR.

3. Mailing Address
4474 WESTON RD

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.
#186

City & State
DAVIE, FL

City & State
DAVIE, FLORIDA

4. FEI Number **65-0903184**

Applied For
 Not Applicable

Zip
33314

Country
USA

Zip
33331

Country
USA

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

5397 ORANGE DR #204

City **DAVIE** FL Zip Code **33314**

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 *Mario Loaiza*
 Signature typed or printed name of registered agent and title if applicable.

MARIO G. LOAIZA

12 MAR 2001
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 Delete
PSTD
 NAME **LOAIZA, MARIO G**
 STREET ADDRESS **343 ALMERIA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME **5397 ORANGE DR, SUITE 204**
 STREET ADDRESS **DAVIE, FL 33314**
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
 NAME **LOAIZA, VIOLETA C**
 STREET ADDRESS **343 ALMERIA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Change Addition
 NAME **5397 ORANGE DR, SUITE 204**
 STREET ADDRESS **DAVIE, FL 33314**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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: *Mario Loaiza*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO G. LOAIZA

3/12/2001
 Date

(954) 665-6667
 Daytime Phone #

CR2E034 (10/00)