

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90064 020 \*\*\*150.00

0612659

**DOCUMENT # P99000032305**

1. Entity Name  
**EDWIN N. CUEVAS, P.A.**

|  |  |
|--|--|
| Principal Place of Business<br><b>1090 WEST S.R. 436<br/>         ALTAMONTE SPRINGS FL 32714<br/>         US</b> | Mailing Address<br><b>1090 WEST S.R. 436<br/>         ALTAMONTE SPRINGS FL 32714<br/>         US</b> |
|--|--|

00037231



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3611663</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b> |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent |  |  |  | 7. Name and Address of New Registered Agent                                      |  |  |  |
| <del>FILINGS, INC.</del>                        |  |  |  | Name <b>Edwin N. Cuevas</b>  |  |  |  |
| <del>3732 N.W. 16TH STREET</del>                |  |  |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>2385 Walnut Hyde Rd</b> |  |  |  |
| <del>FT. LAUDERDALE FL 33311-4132</del>         |  |  |  | City <b>Apopka</b> FL Zip Code <b>32703</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.

SIGNATURE DATE **3/21/01**

(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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS |                                      |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                            |  |  |
|----------------------------|--------------------------------------|---------------------------------|--|---|----------------------------|--|--|
| TITLE                      | <b>D</b>                             | <input type="checkbox"/> Delete |  | TITLE   |                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>CUEVAS, EDWIN N</b>               |                                 |  | NAME  |                            |  |  |
| STREET ADDRESS             | <del>1091 POST LAKE PLACE #103</del> |                                 |  | STREET ADDRESS  | <b>2385 Walnut Hyde Rd</b> |  |  |
| CITY-ST-ZIP                | <del>APOPKA FL 32703</del>           |                                 |  | CITY-ST-ZIP   | <b>Apopka, FL 32703</b>    |  |  |
| TITLE                      |                                      | <input type="checkbox"/> Delete |  | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                      |                                 |  | NAME  |                            |  |  |
| STREET ADDRESS             |                                      |                                 |  | STREET ADDRESS  |                            |  |  |
| CITY-ST-ZIP                |                                      |                                 |  | CITY-ST-ZIP   |                            |  |  |
| TITLE                      |                                      | <input type="checkbox"/> Delete |  | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                      |                                 |  | NAME  |                            |  |  |
| STREET ADDRESS             |                                      |                                 |  | STREET ADDRESS  |                            |  |  |
| CITY-ST-ZIP                |                                      |                                 |  | CITY-ST-ZIP   |                            |  |  |
| TITLE                      |                                      | <input type="checkbox"/> Delete |  | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                      |                                 |  | NAME  |                            |  |  |
| STREET ADDRESS             |                                      |                                 |  | STREET ADDRESS  |                            |  |  |
| CITY-ST-ZIP                |                                      |                                 |  | CITY-ST-ZIP   |                            |  |  |
| TITLE                      |                                      | <input type="checkbox"/> Delete |  | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                      |                                 |  | NAME  |                            |  |  |
| STREET ADDRESS             |                                      |                                 |  | STREET ADDRESS  |                            |  |  |
| CITY-ST-ZIP                |                                      |                                 |  | 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 DATE **3/21/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)