

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90039 040 ***150.00

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1. Entity Name
JULIO CESAR PEREZ, ESQ., P.A.

Principal Place of Business
**419 W 49 STREET SUITE 212
HIALEAH FL 33012**

Mailing Address
**419 W 49 STREET SUITE 212
HIALEAH FL 33012**



2. Principal Place of Business
1395 N.W. 15th STREET

3. Mailing Address
1395 N.W. 15th STREET

Suite, Apt. #, etc.
2nd FLOOR

Suite, Apt. #, etc.
2nd FLOOR

City & State
MIAMI Florida

City & State
MIAMI Florida

4. FEI Number **65-0924982**

Applied For
 Not Applicable

Zip **33125**

Country **USA**

Zip **33125**

Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEREZ, JULIO CESAR ESQ
419 W 49 STREET SUITE 212
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **PEREZ, JULIO CESAR ESQ**

Street Address (P.O. Box Number is Not Acceptable)
1395 N.W. 15th STREET

2nd FLOOR

City **MIAMI**

FL

Zip Code **33125**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **01/31/03**

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** Delete
NAME **PEREZ, JULIO CESAR ESQ**
STREET ADDRESS **419 W 49 STREET SUITE 212**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Change Addition
NAME **PEREZ, JULIO CESAR ESQ**
STREET ADDRESS **1395 NW 15th STREET 2nd FLOOR**
CITY-ST-ZIP **MIAMI, FLORIDA 33125**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **01/21/03**

DAYTIME PHONE # **305-512-0810**

Date

Daytime Phone #

CFR2034 (10/02)