

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90139 002 ***150.00

02363831 AV

DOCUMENT # P99000039962

1. Entity Name

LAW OFFICES OF RAMON DE LA CABADA, P.A.

Principal Place of Business

**3191 CORAL WAY, SUITE 608
 MIAMI FL 33145**

Mailing Address

**3191 CORAL WAY, SUITE 608
 MIAMI FL 33145**

2. Principal Place of Business

**3191 Coral Way
 Suite, Apt. #, etc.
 Suite 115**

3. Mailing Address

**3191 Coral Way
 Suite, Apt. #, etc.
 Suite 115**

City & State

Miami, FL

City & State

Miami, FL

Zip

33145

Country

USA

Zip

33145

Country

USA

4. FEI Number

65-0916472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DE LA CABADA, RAMON

3191 CORAL WAY SUITE 608

MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

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: **PD** ☐ Delete
 NAME: **CABADA, RAMON D LA**
 STREET ADDRESS: **3191 CORAL WAY STE 608**
 CITY-ST-ZIP: **MIAMI FL 33145**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/02 305-443-7100

CR2E034 (9/01)