

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90188 016 \*\*\*150.00

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**DOCUMENT # P99000046473**

1. Entity Name  
**CUERVO & ASSOCIATES, P.A.**



Principal Place of Business  
**2150 N.W. 125TH TERRACE  
PEMBROKE PINES FL 33028**

Mailing Address  
**2150 N.W. 125TH TERRACE  
PEMBROKE PINES FL 33028**



2. Principal Place of Business  
**235 N. University Dr.**  
Suite, Apt. #, etc.  
**H**

3. Mailing Address  
**235 N. University Dr.**  
Suite, Apt. #, etc.  
**H**

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip  
**33024**

Country  
**US**

Zip  
**33024**

Country  
**US**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0921616**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CUERVO, WILLIAM  
2150 N.W. 125TH TERRACE  
PEMBROKE PINES FL 33028**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**235 N. University Dr.**  
Ste # **H**  
City  
**Pembroke Pines** **FL** Zip Code **33024**

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: *William Cuervo*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PS** ☐ Delete  
NAME **CUERVO, WILLIAM**  
STREET ADDRESS **2150 NW 125TH TERRACE**  
CITY-ST-ZIP **PEMBROKES PINES FL 33028**

TITLE **VP** ☐ Delete  
NAME **PEREZ, MARIO J**  
STREET ADDRESS **15992 NW 14TH PLACE**  
CITY-ST-ZIP **HOLLYWOOD FL 33028**

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **235 N. University Dr., # H**  
CITY-ST-ZIP **Pembroke Pines, FL 33024**

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

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

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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:

*William Cuervo*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-03**  
Date

**(954) 966-3514**  
Daytime Phone #

CR2E034 (10/02)