

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90004 030 \*\*\*150.00

00075085

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 990000067869  
 1. Entity Name  
 AGUIRRE & BREMER CONSULTANTS INC

Principal Place of Business Mailing Address  
 11756 SW 134 PL. 11756 SW 134 PL  
 MIAMI, FL 33186 MIAMI, FL 33186

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number Applied For  
 65-0940-472 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ALVARADO, JOSE A.  
 11756 S.W. 134 PL.  
 MIAMI FL 33186

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	President ALVARADO, JOSEA 11756 S.W. 134 PL. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ALVARADO MARIA L. 11756 SW. 134 PL. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JOSE A. ALVARADO Date: 7-20-00 Daytime Phone #: 305-3879418

CR2E034 (9/99)

Attachment  
D#P96000007869  
DU 7085

Miami, FL July 20th. 2000

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee FL 32302-1500

Dear Sirs,

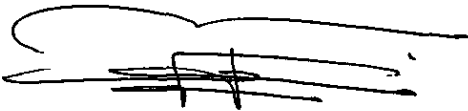
On July 17, 2000 we called your office because we had not received the 2000 Uniform Business Report form.

~~On Wednesday July 19 we received the form you sent us.~~

Enclose, please find the completed form, along with the check for the amount of \$150.00, which we were instructed to send.

Thank you for responding to our request so promptly.

Yours truly,



Jose Alvarado  
President  
Aguirre & Bremer Consultants, Inc