DOCUMENT # P990000 1. Entity Name GREGORY A. GONZALEZ, P.A.	068192	**************************************			01 90051 049 ***1: P990000681 92 E SECRETARY ( VISION OF COI	D OF STATE RPORATE	
Principal Place of Business 15665 MIAMI LAKEWAY NORTH SUITE 106 MIAMI LAKES FL 33014	Mailing Address 15655 MIAMI LAKEWAY N SUITE 106 MIAMI LAKES FL 33014	ORTH .		L'ANGELER LES SALES LAIR SALES AGES	OI JAN 24 I		
Principal Place of Business     Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.			DO NOT WE	RITE IN THIS SPACE		
City & State	City & State	,	4.	FEI Number	`	Applied For	
Zip Country	Zip	Country		Certificate of Status Desired	S8.75 Ad Fee Requir	ditional	
6. Name and Address of Current R SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	agister of Agent	Street A	6 region	Name and Addrass of New  A	za/ez		
SIGNATURE Signatury by distribution of the statement for the state	4				FL ZD CO 33/ Torida.	b	
This corporation is eligible to satisfy, its Intandable .  Tax filing requirement and elects to do so.  (See criteria on back)	After SEPTEMBER 1 Make Check Payab	3, 2000 Min. will	be \$750.00	10. Election Campaign Fi Trust Fund Contribute	+	DO May Be d to Fees	
TILE PSTD GONZALEZ, GREGORY A TREET ADDRESS ITY-ST-ZIP MIAMI LAKES FL 33014	RECTORS }	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	1549	S Eagle Nest in LAKES, FL	(Change ) (Change )	RS IN 11Addition	CR2E034 (5/00)
TLE AME TY-ST-ZP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 - 100	W DAKES FC	☐ Change	Addition	CR2
ILE METADORESS Y-ST-ZIP	Oelete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition	# Jode City .
LE ME REET ADDRESS . Y-\$T-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP.			☐ Change	☐ Addition	
LE ME REET ADDRESS 'Y-ST-ZIP	□ Delcta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
LE ME REET ADDRESS Y-ST-ZIP	□ Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP		W	1/2 W/ (C) Change	Addition	
<ol> <li>I hereby certify that the information supplied Pht this indicated on this report or supplemental report is in of the corporation or the receiver or trustee employed changed, or on an attachment with an address, with</li> </ol>	is filing does not qualify for ue and accurate and that me ared to execute this report a n all other like empoweded.	the exemption state y signature shall ha is required by Char	td in Section ve the same I tter 607, Florid	119.07(3)(i), Florida Statutes. legal effect as if made under of de Statutes; and that my name	I further certify that the in bath; that I am an officer e appears in Block 11 or	nformation or director Block 12 if	

JACOBS, GONZALEZ, CLARKE & PAZ, P.A. & PAZ

ATTORNEYS

#P9900068192 #P990002601

15495 Eagle Nest Lane Suite 100

Miami Lakes, Florida 33014 Telephone: (305) 231-8161 Facsimile: (305) 231-8171

ANN - MARIE CLARKE GREG A. GONZALEZ \* RICK S. JACOBS DAVID R. PAZ, JR. \* Also Admited to Practice in New Jersey

November 1, 2000

Division Of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Recently, I have moved offices, and consequently, I have had a severe problem with mail being properly forwarded. For quite some time, the mail was temporarily being delivered to the second floor of the building, or on occasion lost in the construction on the first floor.

Please consider abaiding the late fees that I have incurred. As you may well understand, these uncontrollable circumstances have prevented me from filing in a timely manner.

Therefore, if I could pay the regular fee, it would be greatly appreciated.

Thanking you in advance for your cooperation.