2001 UNIFORM BUSINESS REPORT (UBR)

02-20-2001 90062 024 ***150.00
~~01-13-2001 90051 049 ***150.00~~
08-08-2001 90011 027 ***550.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 Aug 8 PM 12:15

DOCUMENT # P99000068192

1. Entity Name
GREGORY A. GONZALEZ, P.A.

Principal Place of Business	Mailing Address
15685 MIAMI LAKEWAY NORTH SUITE 106 MIAMI LAKES FL 33014	15685 MIAMI LAKEWAY NORTH SUITE 106 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2420 Coral Way Suite, Apt. #, etc.	2420 Coral Way Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33145 Country: Dade	Zip: 33145 Country: Dade

4. FEI Number 65-0938002 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, GREGORY A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name: Gregory A. Gonzalez Street Address (P.O. Box Number is Not Acceptable): 2420 Coral Way City: Miami FL Zip Code: 33145

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: Gregory A. Gonzalez President 7/4/01
(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 $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Elect on 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	PSTD GONZALEZ, GREGORY A 15495 EAGEL NEST LN #100 MIAMI LAKES FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2420 Coral Way Miami, FL 33145	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7/9/13	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 the address, with all other like empowered.

SIGNATURE: SIGNATURE Gregory A. Gonzalez 7/4/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

305 444 4870

CR2E034 (5/01)

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