

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90066 017 \*\*\*150.00

**DOCUMENT # P99000073116**

1. Entity Name  
**SAMUEL VERA & ASSOCIATES, INC.**

Principal Place of Business

**921 SOUTH PARK ROAD  
 #202  
 HOLLYWOOD FL 33021**

Mailing Address

**C/O DAVID J. HART, P.A.  
 100 N. BISCAYNE BLVD., STE. 2600  
 MIAMI FL 33132-2306**

2. Principal Place of Business

3. Mailing Address

**C/O DAVID J. HART, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**21 SE 1 AVE 10<sup>th</sup> FLOOR**

City & State

City & State

**MIAMI FL**

Zip

Country

Zip

Country

**33131**

**USA**

4. FEI Number

**NOT APPLICABLE**

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

~~HART, DAVID J  
 100 N. BISCAYNE BLVD.  
 SUITE #2600  
 MIAMI FL 33132~~

Name

**DAVID J. HART**

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

**21 SE 1 AVE 10<sup>th</sup> FLOOR**

City

**MIAMI**

**FL**

Zip Code

**33131**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**DAVID J. HART**

**04-08-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VERA, SAMUEL A</b>	
STREET ADDRESS	<b>CARRERA 10 NO. 85-47, APT 306</b>	
CITY-ST-ZIP	<b>BOGOTA COLOMBIA</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**4/4/02**

**305 577 9977**

Date

Daytime Phone #

CR2E034 (9/01)