

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90131 030 ***150.00

DOCUMENT # P99000079604

1. Entity Name
FALLA, SMITH & ASSOCIATES, INC.

Principal Place of Business Mailing Address
600 GRAPETREE DR., UNIT 4-BS **600 GRAPETREE DR., UNIT 4-BS**
KEU BISCAYNE FL 33149 **KEU BISCAYNE FL 33149**

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** Applied For
65-0974205 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

FALLA, ENRIQUE
600 GRAPETREE DR., UNIT 4-BS
KEU BISCAYNE FL 33149

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	FALLA, ENRIQUE	
STREET ADDRESS	600 GRAPETREE DR., UNIT 4-BS	
CITY-ST-ZIP	KEU BISCAYNE FL 33149	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FALLA, LUCRECIA	
STREET ADDRESS	600 GRAPETREE DR., UNIT 4-BS	
CITY-ST-ZIP	KEU BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
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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: *Enrique Falla* **Enrique Falla** 1/25/2001 305/361-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

010601

CR2E034 (10/00)