## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900086629  1. Entity Name  AMADO FERNANDEZ & ASSOCIATES INC.					FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA  OI SEP 28 PM 4: 29		
Principal Pla 10565 SW 13 MIAMI FL 331		Mailing Address 10665 SW 138TH STREET MIAMI FL 33176			01 SET 20 FN 4-25	•	
Principal Place of Business     3. Mailing Add  Suite, Apt. #, etc. Suite Apt. #							
City & Sta		Suite, Apt. #, etc.  City & State		4.	DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For		
Zip Country		Zip Country			65-0956896  Certificate of Status Desired	Not Applicable \$8.75 Additional	
	6. Name and Address of Current R	enistered Agent	T			Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent ame			
FERNANDEZ, AMADO 10565 SW 138TH STREET				Street Address (P.O. Box Number is Not Acceptable)			
MIAM! FL 33176							
			City	e or registered agent, or both, in the State of Florida.			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FE After September 12, 200 Make Check Payable to			2001 Fee will b	00 e \$750.00	10. Election Campaign Financing	\$5.00 May Be Added to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ΑE	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, AMADO 10565 SW 138 STREET MIAMI FL 33176	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		100004627 -10/08/01	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STRE		NAME STREET ADDRESS CITY-ST-ZIP	Marta Fernandez  10565 sw 138 Street  Miani, FL 33176			
TITLE. NAME STREET ADDRESS CITY-ST-ZIP	NAM STRE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Monica B. Fernandez  S 10565 5W 138 Street Miani, FL 33176			
TITLE NAME Street Address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY, ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP 13.   hereby c	certify that the information supplied with the	☐ Delete  Is filling does not qualify for the	TITLE NAME STREET ADDRESS CITY-ST-ZIP ne exemption stat	ed in Section	119.07(3)(i), Florida Statutes. I further cert	Change SP Addition	
of the cor	on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	ie and accurate and that my ered to execute this report as	elangtura engli ni	ava tha cama l	lagal attaat oo if mada undar aath, that La	on on officer as also see .	

SIGNATURE:

Minica B. Fernandez U Minica B. Fernandez SIGNATURE AND TYPED OR PRINTED NAME OF BONING OFFICER OR DIRECTOR

9/23/01

305-255-2226

Daytime Phone #