2002 UNIFORM BUSINESS REPORT (UBR)

CUMENT # P9900086629

ADO FERNANDEZ & ASSOCIATES INC.

ipal Place of Business
5 SW 138TH STREET

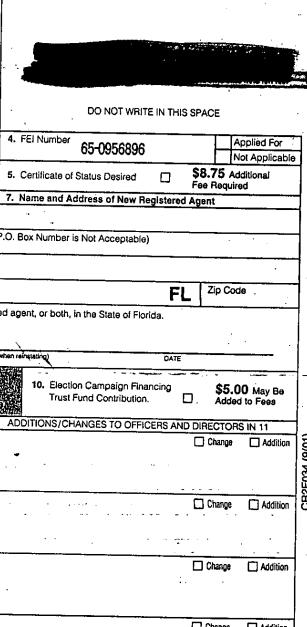
: Mailing Address

10565 SW 138TH STREET MIAMI FL 33176

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incipal Place of Busi	ness	3. Mailir	ng Address		*:
ite, Apt. #, etc.		, Suite,	Apt. #, etc.		
y & State		City 8	State		
0.00	Country	Zip		Country	

FILED May 14, 2002 8:00 am Secretary of State

05-14-2002 90343 043 ***150.00



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

City

ne above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

his corporation is eligible to satisfy its intangible ax filing requirement and elects to do so.

See criterla on back)

(NOTE: Registered Agent signature required when reinstating

WIII FEE IS \$ 150,00 *** 11,2002 Fee WIII be \$ 550,00 ***

	OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
T ADDRESS ST-ZIP	P FERNANDEZ, AMADO 10565 SW 138 STREET MIAMI FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
T ADDRESS ST-ZIP	V FERNANDEZ, MARTA 10565 SW 138 STREET MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS 'CITY-ST-ZIP	Change Addition			
T ADDRESS ST-ZIP	T FERNANDEZ, MONICA B 10565 SW 138 STREET MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
t address St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
T ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition			
T ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	Change Addition			

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 changed, or on an attachment with an address, with attempt like empowered.

GNATURE CONTROL HOURED

4/30/02

305 232 2575