

6002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086629

Entity Name
AMADO FERNANDEZ & ASSOCIATES INC.

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

05-14-2002 90343 043 ***150.00

Principal Place of Business
5 SW 138TH STREET
MIAMI FL 33176

Mailing Address
10565 SW 138TH STREET
MIAMI FL 33176

Principal Place of Business 3. Mailing Address

Site, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Country Country

4. FEI Number 65-0956896
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, AMADO
10565 SW 138TH STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
See criteria on back) ☐

FILE NOW!!! FEES IS \$150.00
After May 15, 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

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 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T ADDRESS ST-ZIP	V FERNANDEZ, MARTA 10565 SW 138 STREET MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T ADDRESS ST-ZIP	T FERNANDEZ, MONICA B 10565 SW 138 STREET MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 305 232 2575

CR2E034 (9/01)