2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096523

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90406 012 ***150.00

Entity Name
UBIETA & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
7171 Coral Way Suite 303 Miami, FL 33155	SAME

2. Principal Place of Business	3. Mailing Address
7171 Coral Way, #303	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State:
Zip: 33155 Country: U.S.	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0976937 ☐ 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
Rafael Ubieta, Esq. 7171 Coral Way Suite 303 Miami, FL 33155	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!!! 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 / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (11/00)

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] RAFAEL UBIETA 4/30/01 (305) 267-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #