

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2001 8:00 am**
Secretary of State

02-19-2001 90258 048 ***150.00

DOCUMENT # S29682

1. Entity Name

JULIO CUBENAS, P.A.

Principal Place of Business

**1111 12TH ST
#103
KEY WEST FL 33040
US**

Mailing Address

**1111 12TH ST
#103
KEY WEST FL 33040
US**

2. Principal Place of Business

3. Mailing Address

506 Louisa Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Key West, FL4. FEI Number **65-0313036**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FARRELY, GREGORY G
C/O CATALFOMO & FARRELY
506 LOUISA ST
KEY WEST FL 33040**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PST	<input type="checkbox"/> Delete
NAME	CUBENAS, JULIO	
STREET ADDRESS	1524 ROSE ST	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8539 White Egret Way	
CITY-ST-ZIP	Lake Worth, FL 33467	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUBENAS, JULIO	
STREET ADDRESS	1524 ROSE ST	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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

**Julio J. Cubenas
President****Feb. 14, 2001 (305) 296-2074**

Date

Daytime Phone #

CR2E034 (10/00)