2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$85517						FILED May 15, 2001 8:00 am Secretary of State 05-15-2001 90009 014 ***150 00			
1. Entity Name LAW OFFICES OF GLORIA C. GONZALEZ, P.A.					05-15-2001 90009 014 ***150.00				
LAW OIT	IOLO OF GLOTIA OF GONZA	La La Cop 1 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Principal Place	of Business	Mailing Address				#5 ' F 3 / 3 .			
18 E 95 ST ALEAH FL 33013 S		118 E AS ST HIALEAH FL 33013 US			099798				
10		00							
2. Principal Pla	ace of Business	3. Mailing Address 4957							
Suite, Apt. #, etc.		Suite, Apt. #, etc. A 33013			DO NOT WRITE IN THIS SPACE				
City & State	sher	City & State			4. FEI Number	65-0309045		plied For t Applicable	
330 D	Gountly C	Zip	Country	2s	5. Certificate of	of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Registere	d Agent		
CONTALET CLODIA C				Name					
GONZALEZ, GLORIA C 118 E 49 ST				Street Address (P.O. Box Number is Not Acceptable)					
	EAH FL 33013		F						
			-	City		Ç.	Zip Code		
				City Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its re	egistered	d office or regis	tered agent, or both	n, in the State of Florida.			
						(//30/01			1
SIGNATURE _	Signature dyname of registered agent a	and title if applicable. (NOTE:	Registered	Agent signature requ	ired when reinstating)	-/- DAT	E		1
9. This corpo	ration is expible to satisfy its Intangible	EILE NOWII	FEE	S \$150.00					
Tax filing re	egatiement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00				ction Campaign Financing st Fund Contribution.		0 May Be I to Fees	
(See criter	ia on back)	Make Check Payabl	e to Dep	partment of S	itate	st i una Contribution.	□ Added	1101 665	ĺ
			12.		ADDITIONS/	CHANGES TO OFFICERS A			<u>_</u>
TITLE	PST Delete		TITLE				☐ Change	Addition	E034 (10/00
NAME STREET ADDRESS	GONZALEZ, GLORIA C 118 E 49 ST	, o		T ADDRESS					17
CITY-ST-ZIP	HIALEAH FL 33013		CITY-5	i i					E03
TITLE	VD	☐ Delete					☐ Change	Addition	8
NAME	gonzalez, gloria c		NAME						~
STREET ADDRESS CITY-ST-ZIP	118 EAST 49 ST		STREE	T ADDRESS					
TITLE	HIALEAH FL 33013	· · · · · · · · · · · · · · · · · · ·		31-211			☐ Change	Addition	1
NAME		Li Delete	TITLE NAME				☐ onange		
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP					-
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	1

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE: ORDINATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

☐ Change ☐ Addition

Daytime Phone #

CITY-ST-ZIP

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP