


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90174 025 ***150.00

DOCUMENT # V25351

1. Entity Name
BAEZ AND ASSOCIATES, INC.



Principal Place of Business
434 SW 63 AVENUE
MIAMI FL 33144
US

Mailing Address
434 SW 63 AVE.
MIAMI FL 33144
US

2. Principal Place of Business
2000 SW 83 CT
Suite, Apt. #, etc.

3. Mailing Address
2000 SW 83 CT
Suite, Apt. #, etc.

City & State
Miami FL

Zip
33155

Country

4. FEI Number 65-0341553

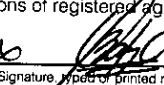
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BAEZ, OSCAR
424 SW 63 AVE
424 SW 63 AVE.
MIAMI FL 33144

7. Name and Address of New Registered Agent
Name OSCAR BAEZ
Street Address (P.O. Box Number is Not Acceptable)
2000 SW 83 CT
City Miami **FL** **Zip Code** 33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DATE** 2/6/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BAEZ, OSCAR	434 SW 63 AVENUE	MIAMI FL	
		2000 SW 83 CT	Miami FL 33155	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **DATE** 2/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)