

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91031 010 ***150.00

DOCUMENT # V30228

1. Entity Name

HUGO E. DORTA, P.A.



Principal Place of Business

~~801 BRICKELL AVE STE 905~~
~~MIAMI FL 33131~~
~~US~~

Mailing Address

~~801 BRICKELL AVE STE 905~~
~~2203~~
~~MIAMI FL 33131~~
~~US~~

2. Principal Place of Business

1221 Brickell Avenue

3. Mailing Address

same as #2

Suite, Apt. #, etc.
2650

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip
33131

Country
USA

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0329104

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

Name

Hugo E. Dorta

Street Address (P.O. Box Number is Not Acceptable)

1221 Brickell Avenue

Suite 2650

City

Miami

FL

Zip Code
33131

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

4/27/04

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

(None. Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME DORTA, HUGO E.
STREET ADDRESS 801 BRICKELL AVE., SUITE 905
CITY-ST-ZIP MIAMI FL 33131

TITLE Director ☒ Change ☐ Addition
NAME Hugo E. Dorta
STREET ADDRESS 1221 Brickell Avenue, Suite 2650
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

(305) 377-2100

Daytime Phone #