

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90149 016 ***150.00

DOCUMENT # V30228

1. Entity Name
HUGO E. DORTA, P.A.



Principal Place of Business
**800 CLAUGHTON ISLAND DRIVE
2203
MIAMI FL 33131
US**

Mailing Address
**800 CLAUGHTON ISLAND DRIVE
2203
MIAMI FL 33131
US**

2. Principal Place of Business
801 Brickell Ave, Suite 905
Suite, Apt. #, etc.

3. Mailing Address
same as No 2
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number
65-0329104

Applied For

Not Applicable

Zip
33131

Country
USA

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

**DORTA, HUGO E.
801 BRICKELL AVE
STE 905
MIAMI FL 33131**

Name

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

City

FL

Zip Code

8. The above named entity submits the 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.

01/13/2003

SIGNATURE

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D / P ☐ Change ☒ Addition
**Hugo E. Dorta
801 Brickell Avenue, Suite 905
Miami, Florida 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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

01/13/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)