

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90095 047 ***150.00

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DOCUMENT # P99000000724

1. Entity Name
~~VILA, PADRON & CARRILLO, P.A.~~
VILA & PADRON, P.A.

Principal Place of Business Mailing Address
338 MINORCA AVENUE **338 MINORCA AVENUE**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address
2100 Salzedo St. **2100 Salzedo St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 300 **Suite 300**
 City & State City & State
Coral Gables, FL **Coral Gables, FL**
 Zip Country Zip Country
33134 **USA** **33134** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PADRON, CARLOS E
338 MINORCA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name: **Charles E. Padron**
 Street Address (P.O. Box Number is Not Acceptable): **2100 Salzedo St.**
Suite 300
 City: **Coral Gables, FL** Zip Code: **33134**

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]* DATE: **3/29/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, FELIX R 338 MINORCA AVENUE CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, CARLOS E 338 MINORCA AVENUE CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILA, OSCAR J III 338 MINORCA AVENUE CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 Salzedo St. Suite 300 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/NP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 Salzedo St. Suite 300 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3/29/01** DAYTIME PHONE #: **(305) 461-4888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)