

2001 UNIFORM BUSINESS REPORT (UBR)

0003983
AF

DOCUMENT # A32995

1. Entity Name
NORONHA ADVOGADOS, LTD.

FILED

01 APR 23 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1221 BRICKELL AVENUE, 9TH FLOOR 1221 BRICKELL AVENUE, 9TH FLOOR
MIAMI FL 33131 MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **65-0380821** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CANTUARIA, ANA L
1221 BRICKELL AVENUE, 9TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name **CAMARGO, BRUNO**
Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Avenue, 9th Floor
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.
SIGNATURE *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. Capital Contributions as Shown on record. **\$115,577.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|--------------------------------------|
| DOCUMENT # | V37622 |
| NAME | NORONHA & ASSOC., P.A. |
| STREET ADDRESS | 1221 BRICKELL AVE., 9TH FLOOR |
| CITY-ST-ZIP | MIAMI FL 33131 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 300004162093--8 |
| CITY-ST-ZIP | -05/08/01--01070--007 |
| STREET ADDRESS | ***525.25 ***525.25 |
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **DNG** (305) 372 0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)