

2002 UNIFORM BUSINESS REPORT (UBR)

0000921 AV

DOCUMENT # A32995

1. Entity Name
NORONHA ADVOGADOS, LTD.

FILED

02 APR 29 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
**1221 BRICKELL AVENUE, 9TH FLOOR
MIAMI FL 33131**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **65-0380821**

Applied For
Not Applicable

Zip Country 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

**CAMARGO, BRUNO
1221 BRICKELL AVENUE, 9TH FLOOR
MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	V37622
NAME	NORONHA & ASSOC., P.A.
STREET ADDRESS	1221 BRICKELL AVE., 9TH FLOOR
CITY-ST-ZIP	MIAMI FL 33131
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	05/07/02--01081--033
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CR2E003 (9/01)

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]* **DNSIGNATURE REQUIRED** *[Signature]* **ANN/23, 2002 305-372-0844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #