

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90124 037 ***158.75

027540 AV

DOCUMENT # 186178

1. Entity Name
BEISWENGER, HOCH & ASSOCIATES, INC.



Principal Place of Business
**1190 N.E. 163RD ST.
P.O. BOX 1368
N. MIAMI BEACH FL 33162-4513**

Mailing Address
**1190 N.E. 163RD ST.
P.O. BOX 1368
N. MIAMI BEACH FL 33162-4513**



CHECK HERE IF MAKING CHANGES

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

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

City & State

Zip Country

4. FEI Number **59-0751610**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NORONA, FRANCISCO A.
1190 NE 163RD ST
NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NORONA, FRANCISCO	
STREET ADDRESS	1190 NE 163RD ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NORONA, GABRIEL	
STREET ADDRESS	1190 NE 163RD ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALVARINO, MARIA	
STREET ADDRESS	1190 NE 163RD ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEUSER, JACQUELYN	
STREET ADDRESS	1190 NE 163RD ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Francisco A. Norona 01/28/2003 305-944-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)