

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90135 042 ***150.00

DOCUMENT # H36188

1. Entity Name
MARIANO SOLE, ATTORNEY AT LAW, P.A.

Principal Place of Business

782 NW 42ND AVENUE
SUITE 340
MIAMI FL 33126

Mailing Address

782 NW 42ND AVENUE
SUITE 340
MIAMI FL 33126

2. Principal Place of Business

782 NW 42 AVENUE
 Suite, Apt. #, etc.
SUITE 341

3. Mailing Address

782 NW 42 AVENUE
 Suite, Apt. #, etc.
SUITE 341

City & State
MIAMI FL

Zip
33126

Country
DADE

City & State
MIAMI FL

Zip
33126

Country
DADE

4. FEI Number **59-2540893**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOLE, MARIANO
782 NW 42ND AVENUE, SUITE 340
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name **MARIANO SOLE**
Street Address (P.O. Box Number is Not Acceptable) **782 NW 42 AVE**
SUITE 341
City **MIAMI** **FL** **Zip Code** **33126**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ **Delete**
NAME **SOLE, MARIANO**
STREET ADDRESS **782 NW 42ND AVE S-340**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date

305 441 2655

Daytime Phone #

0104187 AV

CR2E034 (9/01)