

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90269 020 ***150.00

DOCUMENT # P01000048901
 1. Entity Name
ROXANA MIRABAL, P.A.

Principal Place of Business Mailing Address
8181 NW 36TH STREET, STE 6-B **8181 NW 36TH STREET, STE 6-B**
MIAMI FL 33166 **MIAMI FL 33166**



2. Principal Place of Business 3. Mailing Address
8181 NW 36 street **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 9-B
 City & State City & State
Miami, Fl. →
 Zip Country Zip Country
33166 **U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1104227** Applied For
 Not Applicable
 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**
MAS, CARLOS A ESG Name
2601 S BAYSHORE DR, STE 1600 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33133 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 _____ DATE _____
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRABAL, ROXANA 8181 NW 36TH STREET, STE 6-B MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **1/7/02**
Signature and typed or printed name of signing officer or director /Date Daytime Phone #

CR2E034 (9/01)