

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2002 90025 043 ***150.00

DOCUMENT # P93000006921

1. Entity Name

A.M. ROJAS, P.A.

Principal Place of Business

1915 NW 88 CT
201
MIAMI FL 33172
US

Mailing Address

1915 NW 88 CT
201
MIAMI FL 33172
US

2. Principal Place of Business

1985 NW 88 Ct.

Suite, Apt. #, etc.

201

City & State

Miami, FL

Zip

33172

Country

USA

3. Mailing Address

1985 NW 88 Ct.

Suite, Apt. #, etc.

201

City & State

Miami, FL.

Zip

33172

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0384050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROJAS, ANA MARIA

1955 NW 88TH CT

#201

MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Rojas, Ana Maria

Street Address (P.O. Box Number is Not Acceptable)

1985 NW 88 Ct., Ste 201

City

Miami

FL

Zip Code

33172

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

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

TITLE PD
NAME ROJAS, ANA MARIA
STREET ADDRESS 4868 S.W. 148TH CT.
CITY-ST-ZIP MIAMI FL 33185

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

305-599-0062

Daytime Phone #

CR2E034 (9/01)