## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## S51138 **DOCUMENT#**

1. Entity Name

MARTHA POZO-DIAZ PA



## **FILED** Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90182 010 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	WARTHA FOZO-DIAZ, F.A.						
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHy & State   A. FEI Number 65-0261712   Applied For Not Applicable   Not Applicable   Not Applicable   Not Applicable   Not Applicable   Se. 75 Additional Fee Required   Sec. 75 Additional Fee Required   Sec	8000 W. FLAGLER ST. SUITE 203		8000 W. FLAGLER ST. SUITE 203				
City & State  Country  Coun	2. Principal Place of Business		3. Mailing Address				
Zip Country Zip Country Size Country Size Country Size Country Size Country Size Size Size Size Size Size Size Size	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
Country   Zip   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Add	City & State		City & State		4. FEI Number 65-0261712		
POZO-DIAZ,—MARTHA 8000 W. FLAGLER ST. SUITE 203  MIAMI FL 33144   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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, types or printed name of registered agent and time 1 applicable   (NOTE Registered Agent signature required when reinstalling)   DATE	Zip	Country	Zip	Country		\$8.75 Additional	
POZO-DIAZ, MARTHA- 8000 W. FLAGLER ST. SUITE 203  MIAMI FL 33144  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A	gent	
SUITE 203  MIAMI FL 33144  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    Signature, hybrid or printed name of registered agent and tire if applicable   (NOTE Registered Agent signature required when reinstalting)   DATE	D070 D14	7.4440714		Name	Name		
MIMMI FL 33144  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and sele if applicable (NOTE: Registered Agent signature required when renatating)  SIGNATURE    Signature, typed or primed name of registered agent and sele if applicable (NOTE: Registered Agent signature required when renatating)  PATE    FILE NOW!!! FEE IS \$150.00				Street Address	(P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstanting)   DATE	SUITE 203	}		,			
SIGNATURE    Signature, typed or printed name of registered agent and life if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	MIAMI FL	33144		City	FL	Zip Code	
Signature, typed or printed name of registered agent and late if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE			r the purpose of changing its	registered office or registe	rred agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DOUBLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature require	od when reinstating) DATE		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After May 1, 2003 Fee will be \$550.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		<u> </u>		T 11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	D POZO-DIAZ, MARTHA 8000 W. FLAGLER ST #203		TITLE NAME . STREET ADDRESS	•	1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		Change Addition	
CHY-S1-ZIP CHY-S7-ZIP	NAME		☐ Delete	NAME		☐ Change ☐ Addition	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ORDER STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		Change Addition .	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information .	NAME Street address City-St-Zip	partify that the information as maline with		NAME STREET ADDRESS CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date