

2002

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90122 004 ***150.00

DOCUMENT # **461888**

1. Entity Name

FRANCISCO A. PRADO, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3883 BISCAYNE BLVD3. Mailing Address
3883 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLCity & State
MIAMI, FL4. FFI Number
59- 1567149Applied For
Not ApplicableZip
33137Country
DADEZip
33137Country
DADE5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ALESSANDRA PRADOStreet Address (P.O. Box Number is Not Acceptable)
8350 SUNSET DRIVECity MIAMI FL Zip Code
33143

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 amending)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIPPRESIDENT/DIRECTOR
FRANCISCO A. PRADO
8350 SUNSET DRIVE
MIAMI, FL 33143TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPSECRETARY/DIRECTOR
ALESSANDRA PRADO
8350 SUNSET DR, MIAMI, FL 33143TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

Francisco A. Prado M.D., P.A.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-8-02

Date

305-5958123

Daytime Phone #

CR2E034B (12/01)