

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90373 005 ***150.00

DOCUMENT # 603732

1. Entity Name
JOHN E. WATT M.D., P.A

Principal Place of Business

9480 SW 77 AVE
102
MIAMI FL 33156
US

Mailing Address

9480 SW 77 AVE
102
MIAMI FL 33156
US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1414648

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATT, JOHN E

~~6701 SUNSET DRIVE 212~~

~~MIAMI FL 33143~~

Name **WATT JOHN E**

Street Address (P.O. Box Number is Not Acceptable) **#102**

9480 SW 77 AVE

City **MIAMI**

FL

Zip Code **33156**

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 *John E Watt*
 Signature, typed or printed name of registered agent and title if applicable.

John E Watt
 (NOTE: Registered Agent signature required when reinstating)

1/8/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WATT, JOHN E	
STREET ADDRESS	6701 SUNSET DRIVE SUITE 212	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JUAN E	
STREET ADDRESS	6701 SUNSET DRIVE SUITE 212	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATT JOHN E #102	
STREET ADDRESS	9480 SW 77 AVE	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ JUAN E #103	
STREET ADDRESS	9480 SW 77 AVE	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John E Watt* **John E Watt; 1-09-02 305 595-3366**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MEMORANDUM

CR2E034 (9/01)