

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 27 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G07764** (5)

1. Corporation Name

MARIA RODRIGUEZ LEWIS, P.A.

200001526612

-06/29/95--01014--028

****225.00 ****225.00

Principal Place of Business

Mailing Address

4491 S STATE RD 7
305
DAVE FL 33314
US

4491 S STATE RD 7
305
DAVE FL 33314
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

11/09/1982

3a. Date of Last Report

05/17/1994

4. FEI Number

59-2230315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 300 S. Pine Island Rd
Suite, Apt. #, etc.

26 300 S. Pine Island Rd.
Suite, Apt. #, etc.

22 209

27 209

23 City & State

Plantation

28 City & State

Plantation

24 Zip Country
33324 Broward

25 Zip Country
33324 Broward

29 Zip Country
33324 Broward

30 Zip Country
33324 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, MARIA R
4491 S STATE RD 7
STE 305
DAVE FL 33314

81 Name
MARIA RODRIGUEZ LEWIS

82 Street Address (P.O. Box Number is Not Acceptable)
300 S Pine Island Rd. #209

83

84 City Plantation

FL

85 Zip Code
33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
LEWIS, MARIA RODRIGUEZ
4491 S STATE RD 7 #305
DAVE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☒ Change ☐ Addition
300 S. Pine Island Rd. #209
Plantation FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition
RW

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA RODRIGUEZ LEWIS, Pres./Sic.

6-19-95

Date

(305) 424-7104

Signature/Phone #