## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Aug 26, 2002 8:00 am Secretary of State DOCUMENT # G78848 08-26-2002 90056 018 \*\*\*150.00 MARCOS A. ZEQUIERA, JR., INC. Principal Place of Business Mailing Address 7100 W. 20TH AVE SUITE 806 7100 W. 20TH AVE SUITE 806 HIALEAH FL 33016-0000 HIALEAH FL 33016-0000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2362986 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZEQUEIRA, MARCOS A JR Street Address (P.O. Box Number is Not Acceptable) 7:100 W. 20TH AVE SUITE 806 HIALEAH FL 33016-0000 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP CR2E034 (4/02) ☐ Delete TITLE ☐ Addition NAME ZEQUEIRA, MARCOS NAME STREET ADDRESS 7100 W 20TH AVE #806 STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 excurate 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 of truetee 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 other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNID OFFICER OR DIRECTO

/21 /2002

557-3211

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Marcos A. Zequeira, M.D., F.A.C. José Font, M.D., F.A.C.S.

Thoracic and Cardiovascular Surgery

7100 W. 20th Avenue, Suite 806 Hialeah, Florida 33016

(305) 557-3211 Fax (305) 557-3261

July 30, 2002

**Division of Corporations** PO Box 6327 Tallahassee, FL 32314

MARCOS A. ZEQUEIRA, JR. NC. Document #G78848 RE:

Dear Madame or Sir:

Enclosed please find executed UBR, and a check in the amount of \$150.00 for application.

For over twenty years I have been filing these reports in a timely fashion, however, this year I did not receive the originals. I would greatly appreciate it if you would consider waiving the penalty, due to my past filing records.

Thank you for your kind consideration.

Sincerely,

MAZ:bac

enclosures