

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90056 018 \*\*\*150.00

**DOCUMENT # G78848**

1. Entity Name  
**MARCOS A. ZEQUIERA, JR., INC.**

Principal Place of Business  
**7100 W. 20TH AVE SUITE 806**  
**HIALEAH FL 33016-0000**

Mailing Address  
**7100 W. 20TH AVE SUITE 806**  
**HIALEAH FL 33016-0000**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2362986**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZEQUEIRA, MARCOS A JR**  
**7100 W. 20TH AVE SUITE 806**  
**HIALEAH FL 33016-0000**

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZEQUEIRA, MARCOS</b>	NAME	
STREET ADDRESS	<b>7100 W 20TH AVE #806</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**8/21/2002** **305-557-3211**

CR2E034 (4/02)

*Attachment*

*926632*

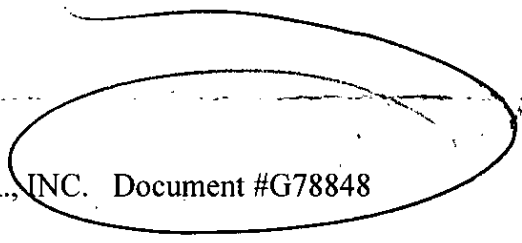
**Marcos A. Zequeira, M.D., F.A.C.S.**  
**José Font, M.D., F.A.C.S.**

*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



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

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,

Marcos A. Zequeira, M.D.  
MAZ:bac

enclosures