2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90125 045 ***150.00

DOCUMENT # K11326

1. Entity Name
FLOR MAYORAL ~~VEGA~~, M.D., P.A.

Principal Place of Business	Mailing Address
% FLOR MAYORAL ~~VEGA~~ M.D. 5975 SUNSET DR S. MIAMI FL 33143	% FLOR MAYORAL ~~VEGA~~ M.D. 5975 SUNSET DR S. MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7300 SW 62nd Place		7300 SW 62nd Place	
Suite, Apt. #, etc. Penthouse W		Suite, Apt. #, etc. Penthouse W	
City & State South Miami, Fl		City & State South Miami Fl	
Zip 33143	Country Dade	Zip 33143	Country Dade

4. FEI Number 65-0034337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYORAL, FLOR M
5975 SUNSET DR
S. MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 7300 SW 62nd Place
Penthouse W.
City South 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] FLOR MAYORAL M.D. 1.9.02
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 $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 NAME STREET ADDRESS CITY-ST-ZIP	D MAYORAL, FLOR M 5975 SUNSET DR S. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7300 S.W. 62nd Place Penthouse W. South Miami 33143	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED [signature] FLOR MAYORAL M.D 1-9.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305 665 8166