## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57759

1. Entity Name

CARLOS A. SELEMA, M.D., P.A.



## FILED W 03 MAY 16 PM 2: 43 DECRETARY OF STATE TALLAHASSEE. FLORIDA

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DO NO	 		 	1 5 3		T 1 5		

2. Principal Place 747 PONCE	of Business DE LEON BLVD.	3. Mailing Address 9963 THREE LAKES CIRCLE			
Suite, Apt. #, 6 SUITE # 30!		Suite, Apt. #, e	etc.		
City & State CORAL GABLES, FL		City & State BOCA RATON, FL			
Zip	Country	Zip	Country		

4. FEI Number 65-0096829

7. Name and Address of Current Registered Agent

Trust Fund Contribution.

Applied For Not Applicable

33134-2073

U.S.A.

33428-6207

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional

**BARRY BANDLER** 

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

9963 THREE LAKES CIRCLE

City BOCA RATON

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP\_\_

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

THUE

NAME

TITLE

NAME:

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

e of recistered agent and title if applicable

DO NOT WRITE

IN THIS SPACE

(NOTE: Realstored Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE **PDVST** NAME CARLOS A. SELEMA

1400 S.W. 23RD STREET

MAIANAI EL 22145

TITLE NAME: STREET ADDRESS CITY ST; ZIP. TITLÉ:

STREET ADDRESS CITY ST-ZIP

NAME

NAME STREET ADDRESS CITY ST-ZIP

TITLE 3. NAME & STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DO NOT WRITE

IN THIS SPACE

600020787926 06/11/03-5-01075---018 | \*\*150.00

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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other

SIGNATURE: X

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

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BARRY BANDLER, E.A., P.A. 9963 THREE LAKES CIRCLE **BOCA RATON, FL 33428-6207** TELEPHONE: 561-470-9396

FAX: 561-470-9396 E-MAIL: BBAND75113@AOL.COM

April 26, 2003

Division of Corporations Uniforms Business-Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

RE: Carlos A. Sølema, M.D., P.A.

Document # K57759

Form: Uniform Business Report

Years: 2002,2003

To Whom It May Concern:

As the accountant for the above named taxpayer I respectfully request that the above named corporation be reinstated with no penalty. In a conversation with the taxpayer he said that he never received this years Uniform Business Report. I looked up on the internet website and I realized that he did not receive last years Uniform Business Report and that the company was considered inactive.

Enclosed is a check for \$300.00. We respectfully request that the corporation be reinstated with no-penalty. Sorry-for any inconvenience this may have caused.

Sincerely,

Barry Bandler
Enrolled Agent/Accountant As the action of the contraction of the same of the contraction of the

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