

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K91838

1. Entity Name

ORLANDO J. VALDES PH.D., P.A.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90109 044 \*\*\*150.00

761457



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1930 COUNTRY CLUB PRADO CORAL GABLES FL 33134	Mailing Address 1930 COUNTRY CLUB PRADO CORAL GABLES FL 33134
2. Principal Place of Business <b>9551 SW 56 Ct.</b> Suite, Apt. #, etc.	3. Mailing Address <b>9551 SW 56 Ct.</b> Suite, Apt. #, etc.
City & State <b>CORAL GABLES FL.</b>	City & State <b>CORAL GABLES FL.</b>
Zip <b>33156</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-0128420</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  VALDES, ORLANDO J. 1930 COUNTRY CLUB PRADO CORAL GABLES FL 33134	7. Name and Address of New Registered Agent  Name <b>VALDES, ORLANDO J.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>9551 SW 56 Ct.</b> City <b>Coral Gables</b> FL <b>33156</b> Zip Code
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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 *Orlando J. Valdes* DATE *4/27/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, ORLANDO J. 1930 COUNTRY CLUB PRADO CORAL GABLES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VALDES, ORLANDO J. 9551 SW. 56 Ct. CORAL GABLES FL. 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Orlando J. Valdes* Date *04/27/01* Daytime Phone # *305 266 0284*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)