2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L04612 **DOCUMENT #**

1. Entity Name

Principal Place of Business

7804 SW 57 TERRACE

City & State

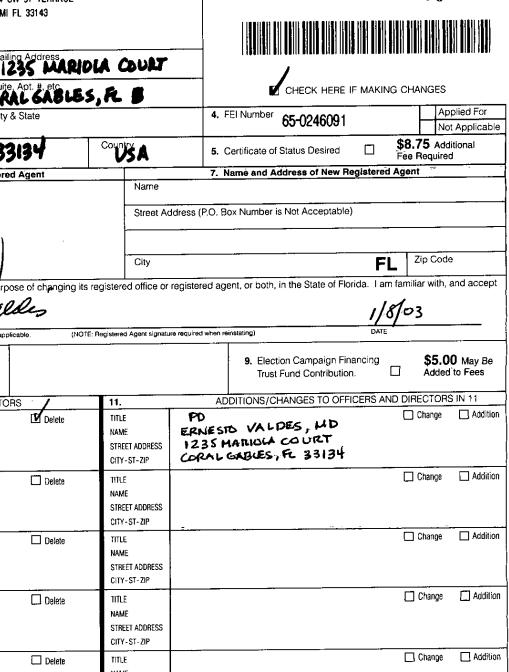
ERNESTO VALDES, M. D., P. A.



FILED Jan 13, 2003 8:00 am **Secretary of State**

01-13-2003 90843 015 ***150.00

K1010004



MIAMI FL 33143	MIAMI FL 33143
2. Principal Place of Business 1235 MARIOLA COURT	3. Mailing Address I235 MARIDIA COURT

6. Name and Address of Current Registered Agent

Mailing Address

7804 SW 57 TERRACE

Country

Name

5. Certificate of Status Desired

VALDES, ERNESTO A ESQ. 2725 SW 95TH COURT **MIAMI FL 33165**

the obligations of registered agent.

8. The above named entity submits this statement for

(NOTE: Registered Agent signature required when reinstating)

11.

TITI F

NAME

TITLE

NAME

TITLE

NAME

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NAME

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NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS 10. Γ**V** Delete TITLE VALDES, ERNESTO M.D. 7804 SW 57 TERRACE STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP Delete TITLE NAME

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

☐ Delete

☐ Delete

☐ Delete

☐ Delete

STREET ADDRESS CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

☐ Change

Addition

SIGNATURE AND TYPED OR PRINTED NA

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIE

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

CR2E034 (10/02)