
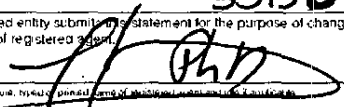
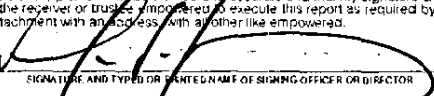


06-09-2003 90106 004 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L96907			
1. Entity Name ENRIQUE CASERO, PH.D., P.A.			
Principal Place of Business 1495 S MIAMI AVE MIAMI, FL 33130		Mailing Address 1495 S MIAMI AVE MIAMI, FL 33130	
2. Principal Place of Business 1333 S. MIAMI AVE. Suite, Apt. #, etc. SUITE # 208 City & State MIAMI, FLORIDA Zip 33130		3. Mailing Address 1333 S. MIAMI AVE Suite, Apt. #, etc. SUITE # 208 City & State MIAMI, FLORIDA Zip 33130	
4. FEI Number 65-0218927		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 CASERO, ENRIQUE, PH.D. 1495 S MIAMI AVE - MIAMI, FL 33130		7. Name and Address of New Registered Agent Name ENRIQUE CASERO, PH.D. Street Address (P.O. Box Number Is Not Acceptable) 1333 SO. MIAMI AVE STE. #208 City MIAMI, FL Zip Code FL 33130	
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 		NOTE: Registered Agent's signature required when resigning.	
FILE NOW!!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASERO, ENRIQUE, PH.D. 3710 BATTERSEA ROAD COCONUT GROVE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 filing 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 like empowered.			
SIGNATURE: 		Date: 5/30/03 (305) 372-8928	

90138791



CHECK HERE IF MAKING CHANGES

CR20034 (10/02)

Attachment

ENRIQUE CASERO, Ph.D., P.A.
1333 SOUTH MIAMI AVENUE, SUITE# 208
MIAMI, FLORIDA 33130

(305) 372-8928

90138791
296907

May 30th, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302


Re: FEI # 65-0218927

Dear Sir/Madam:

Enclosed, please find a check to cover the required annual fee and a change of address. I apologize for the delay in sending back the application but in the process of moving the office some mail was lost, including the uniform business report.

Please, let me know if this is sufficient. Otherwise notify me of any other requirements from the division of corporations at the new address.

Respectfully yours,



Enrique Casero, Ph.D

P.S. New address: 1333 South Miami Avenue # 208. Miami, Fl. 33130