

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90151 034 ***150.00

DOCUMENT # M55680

1. Entity Name
ROSA M. GARCIA M.D. P.A.

Principal Place of Business

**10300 SUNSET DR #430
 MIAMI FL 33173**

Mailing Address

**10300 SUNSET DR #430
 MIAMI FL 33173**

2. Principal Place of Business

7265 SW 93 AVE

3. Mailing Address

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33173

Country

USA

Zip

Country

4. FEI Number

59-2830199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GARCIA, ROSA M.

10300 SUNSET DR #430

MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

ROSA M. GARCIA

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

7265 SW 93 AVE.

SUITE 202

City

MIAMI

FL

Zip Code

33173

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/02

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

TITLE **PST** ☐ Delete
 NAME **GARCIA, ROSA M.**
 STREET ADDRESS **10300 SUNSET DR #430**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **GARCIA, ROSA M.**
 STREET ADDRESS **10300 SUNSET DR #430**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
 NAME **GARCIA, ROSA M**
 STREET ADDRESS **7265 SW 93 AVE #202**
 CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **D** ☒ Change ☐ Addition
 NAME **GARCIA, ROSA M**
 STREET ADDRESS **7265 SW 93 AVE #202**
 CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

305-274-1054

Daytime Phone #

CR2E034 (9/01)