

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

ATX1

03 MAY -5 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M-72986	1. Entity Name LUCINDA I. CUERVO M.D. PA
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7000 S.W. 62 AVE. Suite, Apt. #, etc. PENTHOUSE C. City & State MIAMI, FL Zip 33145		3. Mailing Address Suite, Apt. #, etc. City & State City Zip Country	
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500018834255
05/13/03--01044--004 **150.00

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4. FEI Number 65-0080729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LUCINDA I. CUERVO	
Street Address (P.O. Box Number is Not Acceptable) 7000 S.W. 62 AVE. PENTHOUSE C. City MIAMI FL Zip Code 33145	

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1st - May 1st Fee is \$150.00
After May 1st, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUCINDA I. CUERVO 7000 S.W. 62 AVE., PENTHOUSE C. MIAMI, FL 33145
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

305-668-4688
Daytime Phone #