

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90488 001 ***150.00

DOCUMENT # **M86603**
1. Entity Name **BEATRIZ PERAZA, D.O.S., P.A.**

DO NOT WRITE IN THIS SPACE

66416891

2. Principal Place of Business 4901 N.W. 4TH STREET		3. Mailing Address 4901 N.W. 4TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI - FL		City & State MIAMI - FL	
Zip 33126	Country USA	Zip 33126	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0056068	Applied For <input type="checkbox"/>
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 PERAZA, BEATRIZ
Street Address (P.O. Box Number is Not Acceptable) 4901 N.W. 4TH STREET
City MIAMI
State FL
Zip Code 33126

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 _____ DATE _____
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"/>	January 1 - May 1: Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERAZA, BEATRIZ 4901 N.W. 4TH STREET MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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; that my name appears in Block 11 or on an attachment with an address, with all powers empowered.

SIGNATURE:  **B. PERAZA** Date: **4/29/04** Daytime Phone #: **305-446-8115**