

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90147 027 \*\*\*150.00

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**DOCUMENT # M88050**

1. Entity Name

ROZA GURARYE, M.D. P.A.



Principal Place of Business

2020 N.E. 163RD STREET, SUITE 105  
NORTH MIAMI BEACH FL 33162

Mailing Address

2020 N.E. 163RD STREET, SUITE 105  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0056359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GURARYE, ROZA

2020 N.E. 163RD STREET, #105  
NORTH MIAMI BEACH FL 33162

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURARYE, ROZA 17555 COLLINS AVEN#1405 SUNNY ISLE BEACH FL 33160 <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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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

08.01.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)



80135609  
M88650

ROZA GURARYE, M.D., P.A.

2020 N.E. 163rd Street, Suite 105  
North Miami Beach, FL 33162  
Telephone: (305) 948-3985  
Fax: (305) 948-8248

August 1, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. 1500  
Tallahassee, FL 32302-1500

Re: 65-0056359

To whom it may concern:

I am enclosing a check in the amount of \$150.00 per my phone conversation,  
I have no knowledge of receiving the first notice of payment.

I would appreciate your cooperation in this matter.

Thank you.

Roza Gurarye, M.D

*Roz Gurarye*