

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90830 006 ***150.00

DOCUMENT # P00000023788

1. Entity Name

PATRICIA FABRE HERNANDEZ, P.A.

Principal Place of Business

**6025 SW 50TH STREET
MIAMI FL 33155**

Mailing Address

**6025 SW 50TH STREET
MIAMI FL 33155**

2. Principal Place of Business

11301 SW 70 AVE

Suite, Apt. #, etc.

3. Mailing Address

11301 SW 70 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pinecrest FL

City & State

Pinecrest FL

4. FEI Number

65-0993373

Applied For

Not Applicable

Zip

Country

33156

Zip

Country

331565. 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

**FABRE HERNANDEZ, PATRICIA
6025 SW 50TH STREET
MIAMI FL 33155**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
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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; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA FABRE HERNANDEZ (305) 525-9088
04/24/01
Daytime Phone

CR2E034 (10/00)