

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90160 033 \*\*\*150.00

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**DOCUMENT # P00000029666**

1. Entity Name  
**MARIO I. QUIROS M.D., P.A.**

Principal Place of Business <b>8905 S.W. 87TH AVENUE          SUITE #200          MIAMI FL 33176</b>	Mailing Address <b>8905 S.W. 87TH AVENUE          SUITE #200          MIAMI FL 33176</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>15700 NW 67th Avenue</b>	3. Mailing Address <b>15700 NW 67th Avenue</b>
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Suite, Apt. #, etc. <b>Suite #101</b>	Suite, Apt. #, etc. <b>Suite #101</b>
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City & State <b>Miami Lakes, FL</b>	City & State <b>Miami Lakes, FL</b>
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4. FEI Number <b>65-0974578</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33014</b>	Country <b>USA</b>	Zip <b>33014</b>	Country <b>USA</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**QUIROS, MARIO I  
 8905 S.W. 87TH AVENUE  
 SUITE #200  
 MIAMI FL 33176**

**7. Name and Address of New Registered Agent**

Name <b>Mario I Quiros</b>
Street Address (P.O. Box Number is Not Acceptable) <b>15700 NW 67th Ave Suite #101</b>
City <b>Miami Lakes</b>
State <b>FL</b>
Zip Code <b>33014</b>

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)

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST QUIROS, MARIO I 8905 S.W. 87TH AVENUE MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>15700 NW 67th Avenue, Suite #101 Miami Lakes, FL 33014</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02** **(305) 817-9535**  
Date Daytime Phone #

CR2E034 (9/01)