

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90102 004 ***150.00

DOCUMENT # P00000031141

1. Entity Name

SCOTT BROOKS CARICO, D.M.D., P.A.

Principal Place of Business

**7450 RED RD
MIAMI FL 33143**

Mailing Address

**7450 RED RD
MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0994502

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

**CARICO, SCOTT B
7300 SW 68TH CT
MIAMI FL 33143**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **P**
STREET ADDRESS **CARICO, SCOTT B**
CITY-ST-ZIP **7300 SW 68TH COVER
MIAMI FL 33143**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (4/02)

A. Hechman

Scott Brooks Carico, D.M.D., P.A.
Red Road
Miami, Florida 33143

#P00000031141

July 26, 2002

Florida Department of State
Division of Corporations —
P.O. Box 6327
Tallahassee, Florida 32314

RE: Scott Brooks Carico D.M.D., P.A.. 2002 Uniform Business Report

Dear Florida Department of State:

I recently received for the first time this year the 2002 Uniform Business Report form, wherein it alleges that I now owe the typical \$150.00 filing fee, along with an additional \$400.00 late fee for having failed to file this form between January 1st and May 1st of this year. However, I never received a copy of this form from the Florida Department of State until just now.

Per my telephone conversation with your office, I was told to simply make the check out in the amount of \$150.00 and that the \$400.00 late fee would be waived upon receipt of this explanatory correspondence.

I thank you for your attention to this matter and if you have any questions or if the payment herein fails to be sufficient, please immediately advise. Otherwise, I will assume that the 2002 Uniform Business Report form has been properly and timely filed.

Sincerely,

Scott Brooks Carico

Scott Brooks Carico, D.M.D..