

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90151 032 ***150.00

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DOCUMENT # P00000034398

1. Entity Name
HPO OF FLORIDA, CORP.



Principal Place of Business
**6352 NW 82ND AVENUE
MIAMI FL 33166**

Mailing Address
**6352 NW 82ND AVENUE
MIAMI FL 33166**

2. Principal Place of Business
2700 GLADES CIRCLE

3. Mailing Address
2700 GLADES CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105

105

City & State
WESTON FL

City & State
WESTON FL

Zip Country
33327 USA

Zip Country
33327 USA

4. FEI Number
65-1013721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A MS.
782 NW 42 AVE., STE. 638
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **G.B.S CONSULTANTS**
Street Address (P.O. Box Number is Not Acceptable)
1290 WESTON ROAD ; SUITE 306.
City **WESTON** FL Zip Code **33326**

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 *Maria Diaz*
Signature typed or printed name of registered agent and agent, if applicable.

Maria Diaz

04/24/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing -- ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BAPTISTA, MERCEDES L**
CITY-ST-ZIP **2424 DEER CREEK
WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BAPTISTA, JUANA E**
CITY-ST-ZIP **2424 DEER CREEK
WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BAPTISTA, LEOPOLDO R**
CITY-ST-ZIP **2424 DEER CREEK
WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BAPTISTA, JOSE F**
CITY-ST-ZIP **2424 DEER CREEK
WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BAPTISTA, JUAN A**
CITY-ST-ZIP **2424 DEER CREEK
WESTON FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/24/03

CR2E034 (10/02)