

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

DOCUMENT # P00000065969

1. Entity Name

ISABEL FERREIRA, M.D. P.A.

08-12-2002 90001 012 ***150.00

Principal Place of Business

13625 S.W. 26TH STREET
 MIAMI FL 33175

Mailing Address

13625 S.W. 26TH STREET
 MIAMI FL 33175

2. Principal Place of Business

13155 SW 42 ST

Suite, Apt. #, etc.

111-112

City & State

MIAMI FL

Zip

33175

Country

USA

3. Mailing Address

13155 SW 42 ST

Suite, Apt. #, etc.

111-112

City & State

MIAMI FL

Zip

33175

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1024580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERREIRA, ISABEL

13625 S.W. 26TH STREET

MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

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

13155 SW 42 ST

111-112

City

MIAMI

FL

Zip Code

33175

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 FERREIRA, ISABEL
 13625 S.W. 26TH STREET
 MIAMI FL 33175

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13155 SW 42 ST #111-112
 MIAMI FL 33175

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ 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

Date

Daytime Phone #

CF2E034 (4/02)

Attachment

P00000065969

Isabel Ferreira, M.D. P.A.
13155 S.W. 42 Street #111
Miami, Florida 33175

August 5, 2002

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

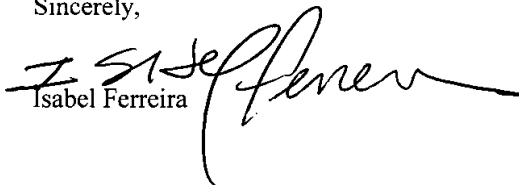
To Whom It May Concern:

Enclosed is our Uniform Business Report for the year 2002. We moved our business location this year and there was much confusion in moving our entire office contents, etc. and a lot of our mail was misplaced. It is for this reason that this report was not timely filed.

We would appreciate if the late filing penalty be abated for reasonable cause.

Thank you for your kind attention in this matter.

Sincerely,


Isabel Ferreira