

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

08-12-2002 90001 012 \*\*\*150.00

AV 1609930

**DOCUMENT # P00000065969**

1. Entity Name  
**ISABEL FERREIRA, M.D. P.A.**

Principal Place of Business      Mailing Address  
 13625 S.W. 26TH STREET      13625 S.W. 26TH STREET  
 MIAMI FL 33175                      MIAMI FL 33175

2. Principal Place of Business      3. Mailing Address  
**13155 SW 42 ST**                      **13155 SW 42 ST**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
**111-112**                                      **111-112**

City & State                                  City & State  
**MIAMI FL**                                      **MIAMI FL**

Zip    Zip    Country    Country  
**33175 USA**                                      **33175 USA**

4. FEI Number      Applied For  
**65-1024580**                                      Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete <b>FERREIRA, ISABEL</b> <b>13625 S.W. 26TH STREET</b> <b>MIAMI FL 33175</b>
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13155 SW 42 ST #111-112</b> <b>MIAMI FL 33175</b>
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**

CFR2E034 (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

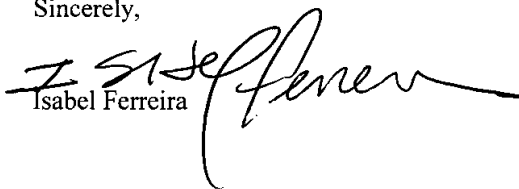
To Whom It May Concern:

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