

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000071577

FILED  
Feb 12, 2003  
Secretary of State

Entity Name: MIGUEL A. PASTRANA, D.M.D., M.D., P.A.

**Current Principal Place of Business:**

302 NW 179 AVE  
SUITE #201  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

1062 SW 159 DR  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 65-1031363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PASTRANA, MIGUEL A  
1062 SW 159 DR  
PEMBROKE PINES, FL 33027

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PASTRANA, MIGUEL A  
Address: 1062 SW 159 DR.  
City-St-Zip: PEMBROOKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL PASTRANA

PRES

02/12/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date