

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90397 033 \*\*\*150.00

DOCUMENT # P00000071670

1. Entity Name  
Martha C. Carmona, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9100 S. Dadeland Blvd

3. Mailing Address  
9100 S. Dadeland Blvd

Suite, Apt. #, etc.  
Penthouse 1, Suite 1701

Suite, Apt. #, etc.  
Penthouse 1, Suite 1701

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33156

Country  
USA

Zip  
33156

Country  
USA

4. FEI Number  
65-1024769

Applied For  
Not Applicable

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Carmona, Martha C.

Street Address (P.O. Box Number is Not Acceptable)  
9100 S. Dadeland Blvd.

Penthouse 1, Suite 1701

City  
Miami FL Zip Code  
33156

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
PD  
Carmona, Martha C.  
9100 S. Dadeland Blvd. PH-1, Str 1701  
Miami, FL 33156

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE  DATE 4/25/02 305-656-4933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**