

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

200

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90132 046 ***150.00

DOCUMENT # *P 000000 71670*

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9100 S. Dadeland Blvd

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

City & State
Miami, FL

Zip
33156

Country
USA

3. Mailing Address
9100 S. Dadeland Blvd

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

City & State
Miami, FL

Zip
33156

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1024769

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
*PD Carmona Martha C
9100 S. Dadeland Blvd, PH 1, #1701
Miami, FL 33156*

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
DO NOT WRITE IN THIS SPACE

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

SIGNATURE: *[Signature]* *Martha C. Carmona* *4/26/03* *305-670-0120*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)