

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
 04-21-2002 90900 037 ***150.00

U319/83 AV

DOCUMENT # P00000074987
 1. Entity Name
PHYSICIANS FIRST CHOICE INTERPRETATIONS, INC.

Principal Place of Business Mailing Address
4200 N.W. 16TH ST., STE. 305 **4200 N.W. 16TH ST., STE. 305**
LAUDERHILL FL 33313 **LAUDERHILL FL 33313**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
829 NW 119 St **829 NW 119 St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
N. Miami FL. **N. Miami FL.**

Zip Country Zip Country
33168 **33168**

4. FEI Number **65-1022334** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SERRU, EVELYN
4200 N.W. 16TH ST., STE. 305
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name **Evelyn Soto**
 Street Address (P.O. Box Number is Not Acceptable)
829 NW 119 St
 City **Miami** FL Zip Code **33142**

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 **Evelyn Soto** DATE **4/11/02**
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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	GARCIA, JUDITH
STREET ADDRESS	3355 W 68ST UNIT 165
CITY-ST-ZIP	HIALEAH FL 33018
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SOTO, EVELYN
STREET ADDRESS	3400 FOXCRRAFT RD, UNIT 212
CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evelyn Soto
STREET ADDRESS	13720 NE 1 Ave
CITY-ST-ZIP	Miami FL 33161
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Evelyn Soto** DATE **4/11/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)