


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

FILED

03 NOV -3 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # P00000091432 |  |
| 1. Entity Name Jose A. Talavera DMD PA | |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 8220 NW 167 St Suite, Apt. #, etc. | 3. Mailing Address 8220 NW 167 St Suite, Apt. #, etc. |
|---|---|

REINSTATEMENT 03

| | | | |
|---|---------------------------------|--------------------------------|--|
| City & State Miami Lakes, FL | City & State Miami Lakes, FL | 4. FEI Number 65-1046708 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33016 | Country USA | Zip 33016 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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IN THIS SPACE**

| | |
|--|----------|
| 7. Name and Address of Current Registered Agent | |
| Name Jose A. Talavera | |
| Street Address (P.O. Box Number is Not Acceptable) 8220 NW 167 St | |
| City Miami Lakes | FL 33016 |

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 *X Jose Talavera DMD* DATE *Oct 29, 2003*

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|--|---|
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Jose A. Talavera 8220 NW 167 St. Miami Lakes, FL 33016 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900024385639 11/03/03--01090--010 **150.00 |
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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: *X Jose Talavera DMD* DATE *Oct 29, 2003* 305 540 8001

CR2E034B (12/02)



3785 NW 82 Avenue • Suite 417 • Miami, FL 33166
Tel: 305.477.1988 • Fax: 305.477.1688

LESTER BARRERAS C.P.A., P.A.

October 27, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: Jose A. Talavera, D.M.D., P.A.
EIN 65-1046708**

Dear Sir or Madam,

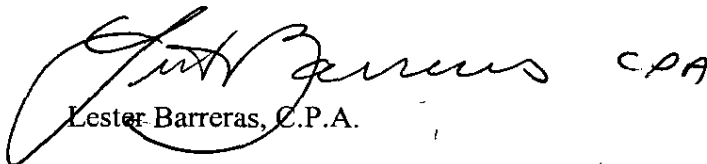
We are the accountants for Dr. Jose A. Talavera, owner and registered agent of the above referenced corporation. As such, we have been requested to write to you on his behalf.

Dr. Talavera never received the 2003 Uniform Business Report for the above referenced corporation. Upon calling the Division of Corporations, we were advised to download the Uniform Business Report form from the Sunbiz website, and submit it with the annual fee. Enclosed is the form along with payment.

Please make the necessary correction to your records in order to reflect an active status for the above referenced corporation. Thank you in advance for your attention to this matter. Should you have any questions, please feel free to contact me at your earliest convenience.

Sincerely,

LESTER BARRERAS, C.P.A., P.A.



Lester Barreras, C.P.A.

LB/cmc
Enclosures