

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90001 015 ***150.00

DOCUMENT # P0000097799

1. Entity Name
MARCOS A. JUNGES, ARNP, P.A.

Principal Place of Business 3900 NW 79TH AVE. SUITE 326 MIAMI FL 33166	Mailing Address 3900 NW 79TH AVE. SUITE 326 MIAMI FL 33166
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525300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4026 Park Ave. Suite, Apt. #, etc.	3. Mailing Address 4026 Park Ave. Suite, Apt. #, etc.
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City & State Coconut Grove, FL	City & State Coconut Grove FL	4. FEI Number 65-1047535	Applied For <input type="checkbox"/> Not Applicable
Zip 33133	Country	Zip 33133	Country

6. Name and Address of Current Registered Agent CERRO, RAQUEL 3900 NW 79TH AVE. SUITE 326 MIAMI FL 33166	7. Name and Address of New Registered Agent Name Marcos A. Junges Street Address (P.O. Box Number is Not Acceptable) 4026 Park Ave. City Coconut Grove FL Zip Code 33133
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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 **4/3/01**

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERRO, RAQUEL 3900 NW 79TH AVE. SUITE 326 MIAMI FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCOS A. JUNGES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4026 Park Ave Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 another like empowered.

SIGNATURE: DATE **04/03/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

020577-5 CR2E034 (10/00)