

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90981 003 ***150.00

DOCUMENT # P01000012085

1. Entity Name

FRANCISCO M. PEREZ-CLAVIJO, DPM, P.A.



Principal Place of Business

5520 SW 8 STREET
MIAMI FL 33134.

Mailing Address

5520 SW 8 STREET
MIAMI FL 33134

24054633



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

623 West 63 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, Florida

Zip

Country

Zip

Country

33012

Dade

4. FEI Number

65-1072385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ LIMA, RAIMUNDO
224 CATALONIA AVE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PEREZ-CLAVIJO, FRANCISCO M
STREET ADDRESS 3804 N.W. 167TH STREET
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE P ☐ Change ☐ Addition
NAME Francisco M. Perez-Clavijo
STREET ADDRESS 623 W 63 Drive
CITY-ST-ZIP Hialeah, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francisco M. Perez-Clavijo, DPM, PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco M. Perez-Clavijo, DPM, PA
04/16/04 (305) 774-1535

Date

Daytime Phone #