

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

DOCUMENT #P01000014001

1. Entity Name

University Medical Board Review, Inc.

FILED

02 OCT -7 AM 3:54

DO NOT WRITE IN THIS SPACE

100008328981--8
10/11/02--01027--014
****550.00 ****550.00

2. Principal Place of Business
12401 SW 43 Street
Suite, Apt. #, etc.

3. Mailing Address
6619 South Dixie Highway
Suite, Apt. #, etc.
PMB-214

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida
Zip
33175
Country
US

City & State
Miami, Florida
Zip
33143
Country
US

4. FEI Number
65-1080282

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
International Registered Agents Corporation
Street Address (P.O. Box Number is Not Acceptable)
338 Minorca Avenue

City
Coral Gables FL Zip Code
33134

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

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

(NOTE: Registered Agent signature required when reinstating)

October 1, 2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/S/T Enrique S. Fernandez 12401 SW 43 Street Miami, Florida 33175
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IN THIS SPACE**

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

SIGNATURE: Enrique S. Fernandez, Director/Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/01/02 (305)226-4048

CR2E034R (12/01)