

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90612 033 ***158.75

DOCUMENT # P01000024238
1. Entity Name
Richard Cuello M.D. P.A. ✓

DO NOT WRITE IN THIS SPACE

851817

2. Principal Place of Business
888 Brickell Key Dr.
Suite, Apt. #, etc.
1208

3. Mailing Address
888 Brickell Key Dr.
Suite, Apt. #, etc.
1208

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL. 33131-2665

City & State
Miami, Florida

4. FEI Number
65-1101982

Applied For
Not Applicable

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

Zip 33131-2665 Country USA Zip 33131-2665 Country USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street DADE CORPORATE SERVICES, INC.
2300 Coral Way, Suite 103

City Miami, FL. 33145 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.

SIGNATURE

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

(NOTE: Registered Agent signature is required when necessary)

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 \$61.25

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 Cuello, Richard 888 Brickell Key Dr., Apt. 1208 Miami, FL. 33131-2665
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CR2E034B (12/01)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD CUELLO 4/20/02 (305) 858-5558

Date

Daytime Phone #