

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90061 042 ***550.00

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DOCUMENT # P01000027649

1. Entity Name
RAFAEL NUNEZ, P.A.



Principal Place of Business
**1717 N BAYSHORE DR #102
MIAMI FL 33132**

Mailing Address
**1717 N BAYSHORE DR #102
MIAMI FL 33132**



2. Principal Place of Business

1717 N. BAYSHORE DRIVE

3. Mailing Address

1717 N. BAYSHORE DRIVE

Suite, Apt. #, etc.

SUITE 215

Suite, Apt. #, etc.

SUITE 215

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33132

Country

U.S.A

Zip

33132

Country

U.S.A

4. FEI Number **65-1086671**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BEDARD, DENNIS R

1717 N BAYSHORE DR #102

MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

BEDARD, DENNIS R

Street Address (P.O. Box Number is Not Acceptable)

1717 N. BAYSHORE DRIVE SUITE 215

City

MIAMI, FLORIDA

FL

Zip Code

33132

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **PD** ☐ Delete
NAME **NUNEZ, RAFAEL**
STREET ADDRESS **1717 N BAYSHORE DR #102**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **NUNEZ, RAFAEL**
STREET ADDRESS **1717 N. BAYSHORE DR. SUITE 215**
CITY-ST-ZIP **MIAMI, FLORIDA 33132**

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 20, 2003

Date

Daytime Phone #

CR2E034 (4/03)