

FILED
May 30, 2002 8:00 am
Secretary of State

04-29-2002 90086 004 ***150.00

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

DOCUMENT # P01000029746
1. Entity Name
Liudmila Labrada, D.M.D., P.A.

88226

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Miami, Florida
Suite, Apt. #, etc.
7805 Camino Real #H215
City & State
Miami, Florida
Zip
33143 Country
U.S.A.

3. Mailing Address
7805 Camino Real
Suite, Apt. #, etc.
H215
City & State
Miami, Florida
Zip
33143 Country
U.S.A.

4. FEI Number
65-1113829
Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Liudmila Labrada
Street Address (P.O. Box Number is Not Acceptable)
7805 Camino Real
H215
City
Miami FL Zip Code
33143

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] DATE 5/15/02
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.
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President / Secretary	Liudmila Labrada	7805 Camino Real #H215	Miami, FL 33143				

**DO NOT WRITE
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: [Signature] DATE 4/14/02 (305) 412-7795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)