

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90022 016 ***150.00

DOCUMENT # P01000065249

1. Entity Name
ERICA R. ESCORCIA, M.D., P.A.

Principal Place of Business
7764 SOUTHWEST 99TH STREET
MIAMI FL 33156

Mailing Address
7764 SOUTHWEST 99TH STREET
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3661 S. Miami Ave

3. Mailing Address
137 MORNINGSIDE Dr.

Suite, Apt. #, etc.
#905

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
CORAL GABLES FL

4. FEI Number
65-1123678

Applied For
☐ Not Applicable

Zip
33133

Country
USA

Zip
EE 33133

Country
USA

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

SINGER, BERNARD A
4925 SHERIDAN STREET
SUITE A
HOLLYWOOD FL 33021

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
ESCORCIA, ERICA R M.D.
STREET ADDRESS
7764 SOUTHWEST 99TH STREET
CITY-ST-ZIP
MIAMI FL 33156

TITLE
ESCORCIA, ERICA R, MD ☒ Change ☐ Addition
NAME
137 Morningside Dr.
STREET ADDRESS
Coral Gables, FL 33133
CITY-ST-ZIP

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

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

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 Block 12 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

04/15/02

Date

305-285-2191

Daytime Phone #

CR2E034 (9/01)