

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-27-2002 90038 008 ***158.75

DOCUMENT # P01000065970

1. Entity Name

PROFESSIONAL MEDICAL OFFICE, INC.

Principal Place of Business

1490 WEST 49TH PLACE, SUITE #205
HIALEAH FL 33012

Mailing Address

1490 WEST 49TH PLACE, SUITE #205
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **654118634**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CESPEDES, SILVIA YOLANDA
 1490 WEST 49TH PLACE, SUITE #205
 HIALEAH FL 33012

Name

Aloise, Maria Antonia
Street Address (P.O. Box Number is Not Acceptable)

802 NW 87TH AVE APT. 414

City **Miami**

FL

Zip Code

33172

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

*Aloise**Aloise*

2-12-02

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 PD ☒ Delete
 NAME CESPEDES, SILVIA YOLANDA
 STREET ADDRESS 802 NW 87TH AVE. APT. 414
 CITY-ST-ZIP MIAMI FL 33172

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

TITLE VPD ☐ Delete
 NAME ALOISE, MARIA ANTONIA
 STREET ADDRESS 802 NW 87TH AVE. APT. 414
 CITY-ST-ZIP MIAMI FL 33172

TITLE ☒ Change ☐ Addition
 NAME ALOISE, MARIA ANTONIA
 STREET ADDRESS 802 NW 87TH AVE APT. 414
 CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

2-12-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)