

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

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

08-05-2002 90003 029 ***150.00

DOCUMENT # *P 010000 77518*

1. Entity Name

JOHANNA S. ARAUJO, P.A. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 S.E. 25th RD

3. Mailing Address

Suite, Apt. #, etc.

3A

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

65-1128442

Applied For

Not Applicable

Zip

33129

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHANNA S. ARAUJO

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

150 S.E. 25th ROAD

SUITE 3-A

City

MIAMI

FL

Zip Code

33129

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IN THIS SPACE**

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)

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 *P/S/T/D*
NAME *JOHANNA S. ARAUJO*
STREET ADDRESS *150 S.E. 25th ROAD*
CITY-ST-ZIP *MIAMI FLORIDA 33129*

TITLE
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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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02 (305) 856-6521

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
972672

JOHANNA S. ARAUJO, P. A.
150 S.E. 25TH ROAD
MIAMI, FLORIDA 33129

Telephone (305) 856-6321

August 1, 2002

Department of State
Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

CORPORATION REGISTRATOR NUMBER P-01000077518

Dear Sirs:

Our corporation was organized in August 7, 2001; however, we started operations just a few days before the end of December, 2001.

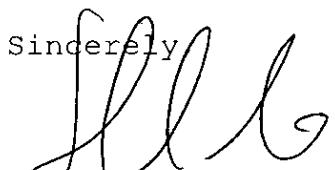
Just recently, our accountant found out through the internet that the payment for the 2002 registration had not been posted by your department, even though we have a copy of the check made out to the Department of State dated April 27, 2002.

We are re-submitting our application because it seem that the original that was sent was lost.

Please accept our apologies for this problem. We hope that any penalty involved would be abated. A check in the amount of \$150.00 for the filing is enclosed.

We thank you very much for your kind consideration to our request.

Sincerely,


Johanna S. Araujo
President