

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90127 008 \*\*\*150.00

**DOCUMENT # P01000078146**

1. Entity Name  
**DOCTOR PC, M.D., INC.**

Principal Place of Business

**1355 CAMELLIA CIR  
 WESTON FL 33326**

Mailing Address

**1355 CAMELLIA CIR  
 WESTON FL 33326**

979771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1147974**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LOPEZ, VICTOR J  
 1355 CAMELLIA CIR  
 WESTON FL 33326**

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. 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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **P** ☐ Delete  
 NAME **LOPEZ, VICTOR J**  
 STREET ADDRESS **1355 CAMELLIA CIR**  
 CITY-ST-ZIP **WESTON FL 33326**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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** *[Signature]* **J. LOPEZ**

**9/6/02**

**954 3857818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

**Doctor PC, M.D. Inc.**

For all your computer needs

1355 Camellia Cir  
Weston, FL 33326  
(954) 261-4502



attachment 929771

P010000078146

September 6, 2002

**Florida Department of State**

**Division of Corporations**

P.O. Box 1500


Tallahassee, FL 32302-1500

Dear Sir or Madam:

The enclosed 2002 Uniform Business Report was the first notice I have ever received from your office. I'll make sure to follow up on this matter before May 2003 for the next filing, in case it would happen again. I respectfully ask you to waive the late fee.

I'm enclosing a check in the amount of US\$ 150.00 for the filing fee.

Sincerely,

  
Victor J. Lopez  
President