

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90043 048 \*\*\*150.00

**DOCUMENT # P01000078740**

**1. Entity Name**  
**LOIS HENRY MARRERO, DDS, P.A.**

**Principal Place of Business**  
**1921 S.W 87 AVENUE**  
**MIAMI FL 33165**

**Mailing Address**  
**1921 S.W 87 AVENUE**  
**MIAMI FL 33165**

**2. Principal Place of Business**  
**1921 SW 87 Ave**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1921 S.W 87 Ave**  
 Suite, Apt. #, etc.

**City & State**  
**Miami FL 33165**  
**Zip**  
**33165**

**City & State**  
**Miami FL**  
**Zip**  
**33165**

**4. FEI Number**  
**65-1132732**

**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**

**GADEA, EDUARDO E**  
**1921 S.W 87 AVENUE**  
**MIAMI FL 33165**

**Name**  
**LOIS H. MARRERO**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1921 SW 87 Ave**  
**City**  
**MIAMI** **FL** **Zip Code**  
**33165**

**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** 02-22-02

**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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARRERO, LOIS HENRY DDS</b>	
STREET ADDRESS	<b>1921 S.W 87 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] **DATE** 1/9/02 **Daytime Phone #** 305 7106275

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E034 (9/01)