2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000087048 **DOCUMENT #**

1. Entity Name

FLOR R. HERNANDEZ, P.A.



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90162 026 ***150.00

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Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
So Name and Address of Current Registered Agent FRENANDEZ, FLOR R 10613 NW 52 TERRACE MAMILE R. 33178 Signature (Special Country) Signature (Special Country) FLE No. 10613 NW 52 TERRACE Signature (Special Country)	City & State		City & State			4. FEI Number 65-1134591		\vdash		
Name and Address of Current Registered Agent	Zip	Country	Zip	Country		5. Certificate of Status Desired		75 Add	ditional	
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and Address of New Re				
Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. SIGNATURE FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Forida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ILIE NAME SIFEET ADDRESS OUT-S1-2P HERNANDEZ, FLOR R 10613 NW 52 TERRACE SIFEET ADDRESS OUT-S1-2P HILE NAME SIFEET ADDRESS OUT-S1-2P Delete TITLE NAME SIFEET ADDRESS OUT-S1-2P Delete TITLE NAME SIFEET ADDRESS OUT-S1-2P TITLE NAME SIFEET ADDRESS	LICONAND	ארז דו אף פ		Name	e	•				
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indicated on this report or supplemental report is true and accurate anothat 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 tolexecute this report as required by Chaptel 607, Floring Statutes; and that my name appears in Black 10 or Block 11 if changed, or on an attachment with an accuracy, with all other like empowered.

SIGNATURE: :

SIGNATURE AND TYPED OR PRINTED NAME O

Date