

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90285 029 ***150.00

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1. Entity Name
AMAYA P. FERNANDEZ, D.D.S, D.M.D., P.A.



Principal Place of Business
**6707 N.W. 169TH ST. SUITE A204
MIAMI FL 33015**

Mailing Address
**6707 N.W. 169TH ST. SUITE A204
MIAMI FL 33015**

2. Principal Place of Business
7415 MIAMI LAKES DRIVE
Suite, Apt. #, etc.

3. Mailing Address
7415 MIAMI LAKES DRIVE
Suite, Apt. #, etc.

City & State
MIAMI LAKES, FL
Zip
33014

City & State
MIAMI LAKES, FL
Zip
33014

4. FEI Number **65-1147701**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, AMAYA P
6707 N.W. 169TH ST. SUITE A204
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name **FERNANDEZ, AMAYA P**
Street Address (P.O. Box Number is Not Acceptable)
7415 MIAMI LAKES DRIVE
City **MIAMI LAKES** **FL** Zip Code **33014**

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]*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FERNANDEZ, AMAYA P**
STREET ADDRESS **6707 N.W. 169TH ST. SUITE A204**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **FERNANDEZ, AMAYA P**
STREET ADDRESS **7415 MIAMI LAKES DRIVE**
CITY-ST-ZIP **MIAMI LAKES, FL 33014** ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 **(305) 512-0066**
Date Daytime Phone #

CR2E034 (10/02)