2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90894 008 ***150.00

021922 AV

DOCUMENT # P01000106158

1. Entity Name
AUSBERTO A. BIANCHI M.D. P.A.

Principal Place of Business	Mailing Address
6355 SW 136 COURT UNIT 1075	6355 SW 136 COURT UNIT 1075
MIAMI FL 33183	MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6355 SW 136 CT	6355 SW 136 CT
Suite, Apt. #, etc. UNIT 107-J	Suite, Apt. #, etc. UNIT 107-J
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33183 Country	Zip 33183 Country

4. FEI Number 65-1155249 ☐ Applied For ☐ Not Applicable

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
BIANCHI, AUSBERTO	Name ~~BIANCHI, AUSBERTO A.~~
6355 SW 136 COURT UNIT 1075	Street Address (P.O. Box Number is Not Acceptable) 6355 SW 136 CT
MIAMI FL 33183	UNIT 107-J
	City MIAMI, T FL Zip Code 33183

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 X [signature] 3-23-2002
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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST BIANCHI, AUSBERTO 6355 SW 136 COURT UNIT 1075 MIAMI FL 33183 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST BIANCHI, AUSBERTO 6355 SW 136 CT UNIT 107-J MIAMI, FLORIDA 33183 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: X [signature] SIGNATURE REQUIRED 3-23-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #