## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P01000114037 **DOCUMENT #**



## FILED Mar 13, 2003 8:00 am & Secretary of State

1. Entity Name DIANA CAJAMARCA, O.D, P.A.						0	3-13-2003 90	_	***150.	.00
Principal Place of Business 3050 NORWOOD PLACE N-110 BOCA RATON FL 33431			Mailing Address 3050 NORWOOD PLACE N-110 BOCA RATON FL 33431							
2. Principal Place of Business			3. Mailing Address				<b>alai iibii baii baii</b> i <b>ba</b> iii	88481 11884 III	III EIRII BRI <b>ja</b>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF	MAKING (	CHANGES	
City & State			City & State			4. FEI Number 65-1159582 Applied For Not Applicable				
Zip Country		Country	Zip	Country		Certificate of Status Desired     S8.75 Additional Fee Required				
		and Address of Current Re	egistered Agent			7. Name and Add	ress of New Re	gistered Ag	gent	
CAJAMAR	ICA, DIANA		منية فيصف ومعا بينية إكريتهميد بارواد الم	1401			·			
3050 NORWOOD PLACE N-110					eet Address (f	P.O. Box Number is N	lot Acceptable)			
	TON FL 33									,
*.				City				FL	Zip Cod	
	named entit tions of regist	y submits this statement for the lered agent.	he purpose of changing its	s registered offic	ce or registere	ed agent, or both, in	the State of Flori	da. I am fa	miliar with,	and accept
SIGNATURE .										
SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applicable. (NOT	E: Registered Agent s	signature required	when reinstating)		DATE		<del></del>
F Afte	Signature, typed ILE NOW!! r May 1, 200	or printed name of registered agent and I! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of S		E: Registered Agent s	signature required	9. Election	Campaign Fina	ncing _		May Be
F Afte Make Checl	Signature, typed ILE NOW!! r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of S	itate		signature required	9. Election Trust Fu	nd Contribution.	ncing	Added	l to Fees
F After Make Check 10.	Signature, typed FILE NOW!! r May 1, 200 k Payable to	!! FEE IS \$150.00 03 Fee will be \$550.00	state RECTORS	11.	signature required	9. Election	nd Contribution.	ncing	Added	I to Fees
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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 dexecute 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:

SXNATZ

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Daytime Phone #