

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

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90140 033 \*\*\*150.00

**DOCUMENT #** P01000120065

**1. Entity Name**

ROMERO & ASSOCIATES, M.D., P.A.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
4302 Alton Road

**3. Mailing Address**  
9425 Fontainebleau Blvd

Suite, Apt. #, etc.  
1003

Suite, Apt. #, etc.  
101

DO NOT WRITE IN THIS SPACE

City & State  
Miami Beach, FL 33140

City & State  
Miami, FL

**4. FEI Number**  
01-0556909

Applied For  
Not Applicable

Zip Country  
33140 USA

Zip Country  
33172 USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Olga Orellano

Street Address (P.O. Box Number is Not Acceptable)  
9425 Fontainebleau Blvd

Apt 101

City Miami FL Zip Code 33172

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Cabeza-Romero, Carmen MD 16226 Erie Place Davie, FL 33331
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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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** ✓ *Carmen Cabeza-Romero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

Daytime Phone #

CR2E034B (12/02)