

02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P02000000330**

1. Entity Name

MARITZA GUTIERREZ, P.A.

02 DEC 30 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

900009738509
12/30/02--01065--008 **150.00

2. Principal Place of Business 7307 NW 96 Ave Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	---

DO NOT WRITE IN THIS SPACE

City & State TAMARAC FL	City & State
Zip 33321	Country U.S.A.

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARITZA GUTIERREZ
Street Address (P.O. Box Number is Not Acceptable) 7307 NW 96 Ave
City TAMARAC FL Zip Code 33321

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 Maritza Gutierrez*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

x 12/20/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MARITZA GUTIERREZ 7307 NW 96 Ave TAMARAC FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *x Maritza Gutierrez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 12/20/02
Date

Daytime Phone #

CR2E034B (12/01)

28112

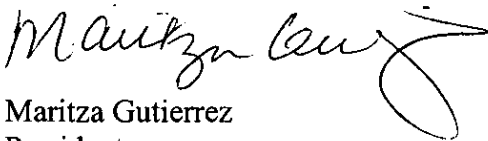
MARITZA GUTIERREZ, P.A.
7307 N.W. 96 Avenue
Tamarac, Florida 33321

December 27, 2002

Enclosed please find a copy of my Uniform Business Report and appropriate filing fee of \$150.00.

This is to respectfully request that you process the above form and reinstate the corporation since I was not mailed the original Uniform Business Report and was unable to file it in a timely manner.

Thank you,

A handwritten signature in cursive script, appearing to read "Maritza Gutierrez", with a large, stylized flourish at the end.

Maritza Gutierrez
President