

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91888 030 \*\*\*150.00

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

DOCUMENT # **P02000000330**

1. Entity Name

**Maritza Gutierrez, P.A.**



**DO NOT WRITE IN THIS SPACE**

**11040471**

2. Principal Place of Business

**7307 NW 96 Avenue**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Tamarac, FL**

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

**33321**

Country

**U.S.A.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Maritza Gutierrez**

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

**7307 NW 96 Avenue**

City

**Tamarac,**

FL

Zip Code

**33321**

**DO NOT WRITE  
IN THIS SPACE**

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

**Manz Gu**

(NOTE: Registered Agent signature required when reinstating)

**4/29/03**

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P. President**  
NAME **Maritza Gutierrez**  
STREET ADDRESS **7307 NW 96 Avenue**  
CITY-ST-ZIP **Tamarac, FL 33321**

TITLE  
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STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

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:

**Manz Gu**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/03 (954) 600-8820**  
Date Daytime Phone # **cell**

CR2E034B (12/02)