

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90757 026 ***150.00

0322543 AV

DOCUMENT # **P02000015427**

1. Entity Name
PATRICIA MILLAN, P.A.



Principal Place of Business
**14748 S.W. 113TH ST.
MIAMI FL 33196**

Mailing Address
**14748 S.W. 113TH ST.
MIAMI FL 33196**

2. Principal Place of Business
912 CORTEZ ST

3. Mailing Address
7105 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc. **309**

City & State
CORAL Gables FL

City & State
Miami FL

Zip **33134** Country

Zip **33144** Country

4. FEI Number **02-0544541** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MILLAN, PATRICIA
14748 S.W. 113TH ST.
MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
912 CORTEZ ST
CORAL Gables
City **CORAL Gables** **FL** Zip Code **33134**

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 *Patricia Millan* *Patricia Millan* **4/25/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLAN, PATRICIA 14748 S.W. 113TH ST. MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Millan* **Patricia Millan** **4/25/03** **(305) 226-3443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)