

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90243 022 ***150.00

DOCUMENT # P02000017067

1. Entity Name
JUAN A. SANCHEZ, P.A.



Principal Place of Business
**10691 N. KENDALL DR., STE. 310
MIAMI FL 33176**

Mailing Address
**10691 N. KENDALL DR., STE. 310
MIAMI FL 33176**

2. Principal Place of Business
**10251 S.W. 72 ST.
Suite, Apt. #, etc. #106**

3. Mailing Address
**10251 S.W. 72 ST.
Suite, Apt. #, etc. #106**

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
01-0621900

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

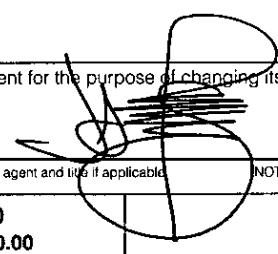


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SANCHEZ, JUAN A ESQ.
10691 N. KENDALL DR., STE. 310
MIAMI FL 33176**

7. Name and Address of New Registered Agent
Name **SANCHEZ, JUAN A**
Street Address (P.O. Box Number is Not Acceptable) **10251 SW 72 ST. #106**
City **MIAMI** FL Zip Code **33173**

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:  DATE: **1/7/03**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSTD	SANCHEZ, JUAN A	10691 N. KENDALL DR., STE. 310	MIAMI FL 33176	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PSTD	SANCHEZ, JUAN A	10251 S.W. 72 ST #106	MIAMI, FL 33173	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:  DATE: **1/7/03** (305) 275-8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)