


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90069 033 ***150.00

DOCUMENT # P02000027640

1. Entity Name
JULIO C. LORA, M.D., P.A.



Principal Place of Business
**777 E 25TH ST.
SUITE 112
HIALEAH FL 33013**

Mailing Address
**777 E 25TH ST.
SUITE 112
HIALEAH FL 33013**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-2688330

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

41007408



6. Name and Address of Current Registered Agent

**LORA, JULIO C
777 E 25TH ST.
SUITE 112
HIALEAH FL 33013**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORA, JULIO C 777 E 25TH ST. HIALEAH FL 33013	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

21237

CR2E034 (10/02)

Attachment #
Jose R. Gomez C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT
782 N.W. LE JEUNE RD. - SUITE 447 - MIAMI, FLORIDA 33126
TEL: (305) 447-0400 - FAX: (305) 447-9101

11007468
PO2000027640

TO: *Julio E. Lora H.O. P.A.*

DATE: *1-23-2003*

INSTRUCTIONS FOR FILING THE ATTACHED TAX RETURN

RETURN ENCLOSED	FORM# UNIFORM BUSINESS REPORT (UBR)	YEAR 2003 F.Y.E.
TO BE SIGNED AND DATED BY	<input type="checkbox"/> TAXPAYER <input checked="" type="checkbox"/> AN OFFICER <input type="checkbox"/> AFFIX CORPORATE SEAL <input type="checkbox"/> TAXPAYER AND SPOUSE <input type="checkbox"/> ANY PARTNER <input type="checkbox"/> NOTARIZATION <input type="checkbox"/> _____ <small>(PLEASE SIGN AND DATE WHERE "X" APPEARS. ALSO SIGN AND DATE RETAINED COPY FOR RECORD PURPOSES.)</small>	
AMOUNT OF TAX <input type="checkbox"/> NONE	<input type="checkbox"/> THIS IS A YEAR-END RETURN. Your estimated payments amounted to \$..... Your balance is due, as follows: With Return Due on: <i>4/30</i> 20 <i>03</i> \$ <i>150.00</i> Balance on20..... \$.....	
MAKE CHECK PAYABLE TO	<input type="checkbox"/> INTERNAL REVENUE SERVICE <input checked="" type="checkbox"/> DEPARTMENT OF STATE <input type="checkbox"/> Your authorized commercial bank depository of Federal Reserve Bank. Deposit check with bank before due date, accompanied by appropriate coupon. Mark type of tax _____	
<input type="checkbox"/> MAIL RETURN ONLY, TO: <input checked="" type="checkbox"/> MAIL RETURN AND CHECK, TO:	<input type="checkbox"/> INTERNAL REVENUE SERVICE <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> AT: DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL. 32302-1500	
DUE DATE	APRIL 30, 2003	
OVER-PAYMENT	YOUR RETURN SHOWS AN OVERPAYMENT OF \$ _____ WE HAVE INDICATED ON THE RETURN THAT SUCH AMOUNT <input type="checkbox"/> \$ _____ WILL BE APPLIED AGAINST YOUR ESTIMATED TAX FOR _____ <input type="checkbox"/> \$ _____ IS TO BE REFUNDED TO YOU AUTOMATICALLY.	
REMARKS		