

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91202 001 \*\*\*150.00

**DOCUMENT # P02000031671**

1. Entity Name  
**MIRIAM MAYA BEYDOUN-PAREDES, DMD, P.A.**



Principal Place of Business  
**8650 SW 67TH AVE #1025  
MIAMI FL 33143**

Mailing Address  
**8650 SW 67TH AVE #1025  
MIAMI FL 33143**



2. Principal Place of Business  
**8650 SW 67th Ave #1025**  
Suite, Apt. #, etc.  
**1025**

3. Mailing Address  
**8650 SW 67th Ave**  
Suite, Apt. #, etc.  
**1025**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami FL**  
Zip  
**33143** Country  
**USA**

City & State  
**Miami FL**  
Zip  
**33143** Country  
**USA**

4. FEI Number  
**02-0576246** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BEYDOUN-PAREDES, MIRIAM M  
8650 SW 67TH AVE #1025  
MIAMI FL 33143**

7. Name and Address of New Registered Agent  
Name  
**Miriam Beydoun-Paredes**  
Street Address (P.O. Box Number is Not Acceptable)  
**8650 SW 67th Ave  
#1025**  
City  
**Miami** State  
**FL** Zip Code  
**33143**

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 **Miriam Beydoun-Paredes**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-19-03**  
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	PD BEYDOUN-PAREDES, MIRIAM MAYA 8650 SW 67TH AVE #1025 MIAMI FL 33143 <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 11	
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
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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 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: **Miriam Beydoun-Paredes**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-03** (305) 665-5260  
Date Daytime Phone #

CR2E034 (10/02)