2003, FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 31 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044298

1. Entity Name
Research Center of Florida, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10300 Sunset Drive	
Suite, Apt. #, etc. #350	Suite, Apt. #, etc.
City & State MIAMI, FL.	City & State
Zip 33173 Country U.S.A.	Zip Country

4. FEI Number 04-3660235 Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Arbilio Yanes

Street Address (P.O. Box Number is Not Acceptable) 10435 SW 174 TERRACE

City MIAMI, FL Zip 33157

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 _____ 03.20.03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $500.00
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. NAME YANES, ARBILIO STREET ADDRESS 10300 SUNSET DR. STE #350 CITY-ST-ZIP MIAMI, FL. 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V. NAME MENDEZ, EFREN STREET ADDRESS 10300 SUNSET DR. STE #350 CITY-ST-ZIP MIAMI, FL. 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP Due to clerical error, the report was not returned to the correct address For correct	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Late Fees waived due to Image error 10/31/03	10/31/03

CR2E034B (10/02)

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: _____ 03.20.03 (305)270-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #