

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90069 005 \*\*\*150.00

0047359  
AV

**DOCUMENT # P02000049994**

1. Entity Name  
**LYMPHEDEMA CENTER OF MIAMI, INC.**



Principal Place of Business  
**6860 SW 76 TERR  
MIAMI FL 33143**

Mailing Address  
**6860 SW 76 TERR  
MIAMI FL 33143**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**04-3660282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEWIT, CHANTAL  
6860 SW 76 TERR  
MIAMI FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**CHANTAL DEWIT**

**07/24/03**

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 ☐ Delete  
NAME **DPT**  
STREET ADDRESS **DEWIT, CHANTAL**  
CITY-ST-ZIP **6860 SW 76 TERR**  
**MIAMI FL 33143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**PRESIDENT 7/24/03**

**305 666 7529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 80134896

**LYMPHEDEMA CENTER OF MIAMI, INC.**  
**6860 SW 76 TERR.**  
**MIAMI, FL 33143**  
**(305) 666-7529**

July 24, 2003

RE: P02000049994  
UBR - 2003

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

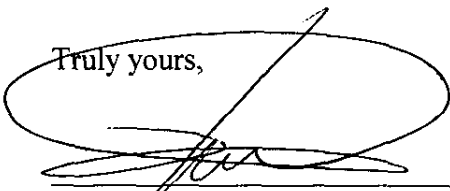
Dear Sirs:

We are submitting our 2003-UBR and payment. We kindly request that your office waive or does not charge the \$400 penalty due to the following:

1. We never received the original 2003 UBR. This business operates from our home and has had a lot of difficulty receiving the corporate correspondence.
2. This is the first time we have a Corporation and we were not aware about the annual fee.
3. The only officer and authorized representative was out of the State and just recently got to this correspondence.
4. We are a very small based corporation which recently started and the \$400 penalty would cause tremendous hardship on our finances.

Please write or call us at the above letterhead should further information be needed.

Truly yours,

  
Chantal Dewit, President & Director