

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90053 018 \*\*\*150.00

DOCUMENT # **P02000054049**

1. Entity Name  
**JUAN CARLOS ABREU, M.D., P.A.**



Principal Place of Business  
**15610 BULL RUN ROAD #512  
MIAMI LAKES FL 33014**

Mailing Address  
**15610 BULL RUN ROAD #512  
MIAMI LAKES FL 33014**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**7856 NW 167 TERRACE**

Suite, Apt. #, etc.  
**7856 NW 167 TERRACE**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number

Applied For  
 Not Applicable

Zip  
**33016**

Country  
**USA**

Zip  
**33016**

Country  
**USA**

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

**ADAMS, MAX A  
ONE ALHAMBRA PLAZA #5  
CORAL GABLES FL 33134**

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

(NOTE: Registered Agent signature required when reinstating)

9/3/03  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABREU, JUAN C</b>	
STREET ADDRESS	<b>15610 BULL RUN ROAD #512</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABREU, JUAN C</b>	
STREET ADDRESS	<b>7856 NW 167th TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33016</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *R. Telf* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80141833  
POS000054049

**Juan Carlos Abreu, M.D. P.A.**  
7856 NW 167th Terrace  
Miami, FL 33016

9/3/03


To: Florida Department of State  
Division Of Corporations

Re: Uniform Business Report

The purpose of this letter is to inform that Juan Carlos Abreu, M.D. PA, unfortunately, was not able to file the Uniform Business Report on the specified time in view that the Principal Place of Business has moved to 7856 NW 167th terrace, Miami FL 33016 from it's previous address; and this is the first notice I received, this is also my first time filing. I, Juan Carlos Abreu, M.D., as director apologize for this inconvenience, and ask for the late fee to be waive please.

Thank you in advance for your time and interest.

Atte.

  
Juan Carlos Abreu, M.D.