

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000070677

1. Entity Name
Y & D GYNECOLOGY HEALTH CENTER, INC.



FILED

03 SEP 25 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
600 E ETH AVE
HIALEAH, FL 33010

Mailing Address
600 E ETH AVE
HIALEAH, FL 33010

2. Principal Place of Business
600 EAST 4TH AVE.

3. Mailing Address
600 EAST 4TH AVE



☐ CHECK HERE IF MAKING CHANGES

City & State **HIALEAH, FL**

City & State **HIALEAH, FL**

4. FEI Number
04-3697740

Applied For
Not Applicable

Zip
33010

Country

Zip
33010

Country

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

6. Name and Address of Current Registered Agent

**DIAZ, DAMARIS
7986 NW 199 TR
MIAMI, FL 33015**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$660.00
Amended UBR is \$61.26
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
**DP
DIAZ, DAMARIS
7986 NW 199 TR
MIAMI, FL 33015** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
CORDERO, YELENA
55 W 28 ST APT 1
HIALEAH, FL 33010** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100023341581
09/25/03--01074--020 **150.00** ☐ Change ☐ Addition

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

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CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/03

Date

(305) 805-3952

Daytime Phone #

CR2E034 (10/02)

9/25

Miami, September 16, 2003

To: Florida Department of State
Secretary of State
Division of Corporation

From: Y & D.GYNECOLOGY HEALTH CENTER, Inc.

Reference: Uniform Business Report (UBR) 2003.

Attached you will find an internet downloaded form, for filling a Corporation Annual Report, due to the fact that we never receive the Uniform Business Report form, for filling the 2003 UBR.

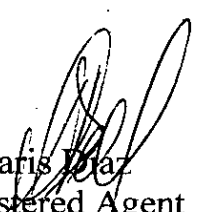
I am aware that late filling penalties may be assessed, in this particular case we are respectfully asking you to abate any penalties on the grounds that we never received the Uniform Business Report (UBR) 2003 form.

Please consider this plead for abatement and resolved this matter favorable to our company, the one that we are trying to conduct according to the laws.

Attached, you will also find a check in the amount of \$150.00, for paying the UBR 2003 filling fees.

I will appreciate your help on this matter.

Sincerely



Damaris Diaz
Registered Agent
Y & D Gynecology Health Center, Inc.