

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000072201

1. Entity Name

PEDRO E. JUAN, M.D., P.A.



FILED
03 NOV 14 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700024705847
11/14/03--01042--012 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9260 SUNSET DRIVE

3. Mailing Address
9260 SUNSET DRIVE

Suite, Apt. #, etc.
SUITE 107

Suite, Apt. #, etc.
SUITE 107

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
02-0628337

Applied For
Not Applicable

Zip
33173

Country
DADE

Zip
33173

Country
DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable)
941 FOURTH STREET #200

City
MIAMI BEACH

FL

Zip Code
33139

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

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
NAME
JUAN, PEDRO E
STREET ADDRESS
9260 SUNSET DRIVE #107
CITY - ST - ZIP
MIAMI, FLORIDA 33173

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/03 786-263-0527

CR2E034B (12/02)

PEDRO E. JUAN, M.D., P.A.

9260 SUNSET DRIVE SUITE 107
MIAMI, FLORIDA 33173

October 23, 2003

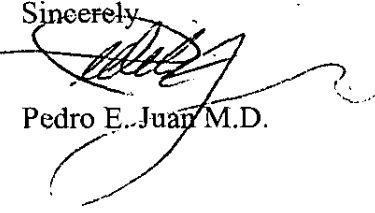
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Representative:

Enclosed please find the 2003 Uniform Business Report (UBR) for Pedro E. Juan M.D. P.A. for processing. I have also enclosed a check in the amount of \$150.00 to cover the filing fee. We respectfully request the waiver of the late filing penalty due to the fact that the original Business Report was never received.

If you have any questions or require additional information regarding this matter, please do not hesitate to contact Mr. Jose E. Smith at (305) 441-1012 ext.233.

Sincerely,


Pedro E. Juan M.D.

Please attach check
to
Florida Department of
State
\$150.00
ASAP.
Mail in attached envelop.