


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91904 036 ***150.00

DOCUMENT # P02000088402			
1. Entity Name ALICIA C. QUIROGA, P.A.			
Principal Place of Business 110 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714		Mailing Address 110 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714	
2. Principal Place of Business 1141 W. Lake Brantley Rd Suite, Apt. #, etc. ALTAMONTE SPRINGS City & State		3. Mailing Address 1141 W. Lake Brantley Rd Suite, Apt. #, etc. ALTAMONTE SPRINGS City & State	
Zip FI Country 32714		Zip FI Country 32714	
4. FEI Number 550790695		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name ALICIA QUIROGA P.A. Street Address (P.O. Box Number is Not Acceptable) 1141 W. LAKE BRANTLEY RD. City ALTAMONTE SPRINGS FL Zip Code 32714	
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		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD QUIROGA, ALICIA C 110 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALICIA QUIROGA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1141 W. LAKE BRANTLEY RD ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>ALICIA QUIROGA</u>		Date: 4-30-03	

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)