

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90241 024 ***150.00

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

DOCUMENT # P02000100877

1. Entity Name
R.P. ORTHOTICS CONSULTANTS, INC.

Principal Place of Business
**1455 NW 14 ST
 MIAMI, FL 33125**

Mailing Address
**1455 NW 14 ST
 MIAMI, FL 33125**

11017027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1550751

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**METSCH, BENJAMIN R
 1455 NW 14 ST
 MIAMI, FL 33125**

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 date of application

(NOTE: Registered Agent signature required when changing)

DATE

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE

DPT

NAME

SZJAKO, PETER

STREET ADDRESS

1455 NW 14 ST

CITY-ST-ZIP

MIAMI, FL 33125

TITLE

DVO

NAME

VICENTE, RAUL

STREET ADDRESS

1455 NW 14 ST

CITY-ST-ZIP

MIAMI, FL 33125

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 19.07(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: *Peter Szjako*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E034 (10/02)