FILED
Sep 15, 2003 8:00 am
Secretary of State
09-15-2003 90156 030 ***558.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000102708

1. Entity Name
DR. MILEYDI PEREZ, INC.

Principal Place of Business
~~13353 S W 60TH TERRACE~~
~~MIAMI, FL 33183~~
~~1979~~

Mailing Address
~~13353 S W 60TH TERRACE~~
~~MIAMI, FL 33183~~

2. Principal Place of Business: 1919 W 68th St
Suite, Apt. #, etc.
City & State: Hialeah FL
Zip: 33014
Country:

3. Mailing Address: 1919 W 68th St
Suite, Apt. #, etc.
City & State: Hialeah FL
Zip: 33014
Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 14-1847539 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~RODRIGUEZ, RAFAEL E JR.~~
~~9500 S DADELAND BLVD #508~~
~~MIAMI, FL 33156~~

7. Name and Address of New Registered Agent
Name: Mileydi Perez
Street Address (P.O. Box Number is Not Acceptable): 15525 North Miami Lake way #204
City: Miami Lake FL Zip Code: 33014

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 9/10/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEREZ, MILEYDI	NAME	
STREET ADDRESS	~~13353 S W 60TH TERRACE~~	STREET ADDRESS	1919 W 68th St
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP	Hialeah Fl 33014
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: ________ 9/10/03 (305) 824-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #