

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90100 020 ***150.00

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DOCUMENT # P02000114698

1. Entity Name
REINALDO SANCHEZ, D.M.D., P.A.



Principal Place of Business
**10345 SW 91 STREET
MIAMI FL 33176**

Mailing Address
**10345 SW 91 STREET
MIAMI FL 33176**

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

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

7. Name and Address of New Registered Agent

**SANCHEZ, REINALDO
10345 SW 91 STREET
MIAMI FL 33176**

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.

Reinaldo Sanchez President

(NOTE: Registered Agent signature required when reinstating)

9-10-03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SANCHEZ, REINALDO
10345 SW 91 STREET
MIAMI FL 33176**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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 REQUIRED
Reinaldo Sanchez President

9-10-03

Date

Daytime Phone #

305 300 9986

CR2E034 (4/03)

Attachment

80147731
#PD2000114698

REINALDO SANCHEZ, D.M.D., P.A.

10345 SW 91 Street
Miami, Florida 33176
(305)300-9986
Sanchezrey@hotmail.com


September 10, 2003

To Whom It May Concern

I am sending this letter along with the 2003 UBR and check in the amount of \$150.00.

Being that this is my first time filing this report, I was not aware or informed that the initial and timely date to file was by May 1 of each year. Secondly, I never received a notice that should have been mailed out sometime early in the year. I do apologize for this incident and appreciate your understanding in my asking to waive the late fee.

Sincerely


Reinaldo Sanchez