2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PS

P93000034594

1. Entity Name

MARIÁ I. MACHADO, P.A.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90095 038 ***150.00

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Principal Place of Business 999 PONCE DE LEON BLVD STE 1100 CORAL GABLES FL 33134 US				999 P STE 1	Mailing Address 999 PONCE DE LEON BLVD STE 1100 CORAL GABLES FL 33134 US								
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Suite, Apt. #, etc.				Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City	& State	···········		4. FEI Number 65-0409911			Applied For Not Applicable		7
Zip Country			Zip		Coun	Country 5.				\$8.75 Ad ee Require	75 Additional Required		
	6. Name	and Address	of Current	Registere	Registered Agent				7. Name and Address of New Registered Agent				
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MACHADO, MARIA I 999 PONCE DE LEON BLVD						Street Address (P.O. Box Number is Not Acceptable)						-	
	ABLES FL 3							_		· · · · · ·			1
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	named entity tions of regist		statement fo	or the purp	ose of changing its	registere	ed office or regis	tered ag	ent, or both, in the State of Flor	ida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of r	egistered agent	and title if app	olicable. (NOTE	: Registere	d Agent signature requ	ired when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				f State	State			-,	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.		-	ICERS AND			11.		۸۲] DDITIONS/CHANGES TO OFFI	CEDS AND	DIRECTOR	© INL 11	-
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2003 Day Day

Daytime Phone #