04/30/2001 15:59 305-461-9916 CMS

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90040 028 ***150.00

DOCUMENT # P93000056543

1. Entity Name
A-1 Transcribing, Inc.

Principal Place of Business	Mailing Address
14325 SW 42 Terrace Miami, FL 33175	14325 SW 42nd Terrace Miami, FL 33175

[redacted]
770073
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14325 SW 42 Terrace	14325 SW 42nd Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL 33175	City & State: Miami, FL 33175
Zip: 33175 Country: USA	Zip: 33175 Country: USA

4. FEI Number: 65-0432161 ☐ Applied For ☐ Not Applica

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Lourdes Suarez 14325 SW 42nd Terrace Miami, FL 33175	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[redacted] $150

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE PVTS NAME STREET ADDRESS CITY-ST-ZIP	Lourdes Suarez 14325 SW 42nd Terrace Miami, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Lourdes Suarez 14325 SW 42 d Terrace Miami, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE TS NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Prieto 14036 SW 56 Terrace Miami, FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 04-20-01 (305) 229-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #