Apr 23 02 12:53p

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May 07, 2002 8:00 am
Secretary of State
05-07-2002 90239 018 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056543

1. Entity Name
A-1 Transcribing, Inc.

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lourdes Suarez

Street Address (P.O. Box Number is Not Acceptable): 14325 SW 42nd Terrace

City: Miami FL Zip Code: 33175

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: _____
Signature, type or print name of individual with authority to sign, and title if applicable (NOTE: Registered Agent signature required when changing) Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVTS NAME STREET ADDRESS CITY-ST-ZIP	Lourdes Suarez 14325 SW 42nd Terrace Miami, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Lourdes Suarez 14325 SW 42nd Terrace Miami, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TS NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Prieto 14036 SW 56th Terrace Miami, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04.23.02 TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #