

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91839 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P93000056543

1. Entity Name

A-1 TRANSCRIBING, INC.

DO NOT WRITE IN THIS SPACE

70051037

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| 2. Principal Place of Business 14325 SW 47th Terrace Suite, Apt. #, etc. | | 3. Mailing Address 14325 SW 42nd Terrace Suite, Apt. #, etc. | |
| City & State Miami, Florida Zip | | City & State Miami, Florida Zip | |
| Country | | Country | |
| 4. FEI Number 65-0432161 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | -5- Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SUAREZ, Lourdes

Street Address (P.O. Box Number is Not Acceptable)

14325 SW 47th Terrace

City

Miami, FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consulting)

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 NAME STREET ADDRESS CITY - ST - ZIP | LVTSD Lourdes Suarez 14325 SW 47th Terrace Miami, FL 33175 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TS Elizabeth Prieto 14036 SW 56th Terrace Miami, FL 33183 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)