FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2007 8:00 am
Secretary of State
03-01-2007 90011 018 ***158.75

DOCUMENT # P93000057620

1. Entity Name: Dr. Alfredo D Corpas 671

DO NOT WRITE IN THIS SPACE

40026659

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6741 SW 24 st #	3. Mailing Address
Suite, Apt. #, etc.: 14	Suite, Apt. #, etc.: Same
City & State: Miami, Fl	City & State
Zip: 33155 Country: USA	Zip Country

4. FEI Number: 650430993 ☐ Applied For ☐ No. 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: Dr. Alfredo D. Corpas
Street Address (P.O. Box Number is Not Acceptable): 6741 SW 24 st #14
City: Miami FL 33155

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 ______ 2/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfredo D. Corpas DDS, P.A 10845 SW 74 Ave Pinecrest Fl 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #