

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

FILED

02 AUG 22 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500007292805--9  
-08/22/02--01064--020  
\*\*\*\*300.00 \*\*\*\*300.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000050313

1. Entity Name

CONCEPCION FERNANDEZ DDS, PA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 9724 SW 40 Street  
Suite, Apt. #, etc.

3. Mailing Address same as # 2  
Suite, Apt. #, etc.

City & State Miami, FL  
Zip 331765 Country USA

City & State  
Zip Country

4. FEI Number 65-05000147  
Applied For  Not Applicable

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

7. Name and Address of Current Registered Agent

Name Concepcion Fernandez  
Street Address (P.O. Box Number is Not Acceptable) 9724 SW 40 ST  
City Miami FL Zip Code 33165

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IN THIS SPACE**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

8-8-02  
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	<u>President Concepcion Fernandez 9724 SW 40 ST. Miami FL 33165</u>
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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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-02  
Date

305-279-0990  
Daytime Phone #

CR2E034B (12/01)

April 30, 2002

Division of Corporations  
Reinstatements Dept.  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Concepcion Fernandez, DDS, PA  
Doc. #: P94000050313  
EIN#: 65-0500147

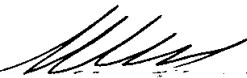
Dear Division of Corporation Representative,

Please note that we never received the 2001 Uniform Business Report ["UBR"].  
Moreover, please note that as per your instructions I am attaching a check for \$300.00 of  
which it serves to satisfy the 2001 and 2002 UBR Fees.

Again, thank you for your assistance regarding this matter.

If you have any questions, do not hesitate to contact me at 305-273-1282.

Sincerely,



Wilkin Caseres