

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

FILED

DOCUMENT # P94000050313

1. Entity Name

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

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

City & State

4. FEI Number

65-05000147

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

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]

(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

President
Concepcion Fernandez
9724 SW 40 ST.
Miami FL 33165

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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

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

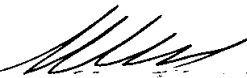
Dear Division of Corporation Representative,

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