## **2003 FOR PROFIT CORPORATION**

P94000058286

Mailing Address

12516 NORTH KENDALL DRIVE

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name

Principal Place of Business

12516 NORTH KENDALL DRIVE

DETOURNAY & MILLAR, D.P.M., P.A.

MIAMI FL 3311	86		MIAMI FL 33186						
บร			U\$						
2. Principal Place of Business			3. Mailing Address				HEINE BRAN NEIN OCH	BI BITTI IBITA II BAT	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65-050			oplied For ot Applicable
Zip	Zip Country			Zip Country		5. Certificate of Status Desired See Required			
	6. Name	and Address of Current	Registered Agent			7. Name and Address of	New Registere	<u>-</u>	
		and Address of Carrent	iogistered Agent		Name				
DETOURN	API VAI					1			
12516 N KENDALL DR					Street Address (P.O. Box Number is Not Acceptable)				
		n							
MIAMI FL	33186			]					
-					City		F	Zip Code	э
	named entity tions of regist		r the purpose of chan-	ging its registere	ed office or regist	ered agent, or both, in the State	of Florida. I a	m familiar with,	and accept
	9	•							
SIGNATURE .	Signature typed	or printed name of registered agent	and title if applicable	(NOTE: Registered	1 Agent signature requir	red when reinstating)	DATE		
· ·			по настаризация	(HOTE HOST STORE		T			
		! FEE IS \$150.00				9. Election Campa	ign Financing	\$5.0	<b>0</b> Мау Ве
		3 Fee will be \$550.00 Florida Department of	State			Trust Fund Cont		☐ Added	to Fees
10.	. "	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTORS	S IN 11
TITLE	P		☐ Delei	te TITLE				☐ Change	☐ Addition
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FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91413 015 \*\*\*150.00

TINANIAR

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: