## 2003 FOR PROFIT CORPORATION

Mailing Address

MIAMI FL 33184

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

12950 S.W. 2ND TERRACE

## UNIFORM BUSINESS REPORT (UBR P95000012979 DOCUMENT # 1. Entity Name

AVELINO A. GUIRIBITEY, MD. P.A.

Principal Place of Business

2. Principal Place of Business

GUIRIBITEY, AVELINO A 12950 S.W. 2ND TERRACE

**MIAMI FL 33184** 

Suite, Apt. #, etc.

City & State

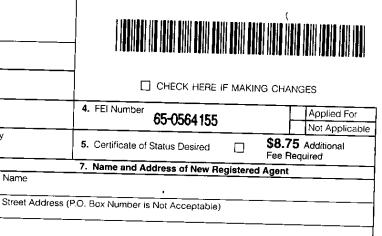
Zip

12950 S.W. 2ND TERRACE

MIAMI FL 33184

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90127 049 \*\*\*150.00



City 8. The above named with 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 SIGNATURE X

Country

printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  $\Box$ 

\$5.00 May Be Added to Fees

CR2E034 (10/02)

Zip Code

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME GUIRIBITEY, AVELINO A Change Addition NAME STREET ADDRESS 12950 S.W. 2ND TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change GUIRIBITEY, ELSA A Addition NAME STREET ADDRESS 12950 SW 2ND TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184 CITY-ST-7IP TITLE TD Delete TITLE NAME ☐ Change GUIRIBITEY, MARIA D Addition NAME STREET ADDRESS 2939 INDIAN CREEK DR. APT. #507 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140-4143 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 suppliemental/proof 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 in the contract with an appears in Block 10 or Block 11 in the contract with an appears in Block 10 or Block 11 in the contract with an appears in Block 10 or Block 11 in the contract with an appear in Block 10 or Block 11 in the contract with an appear in Block 10 or Block 11 in the contract with an appear in Block 10 or Block 11 in the contract with an appear in Block 10 or Block 11 in the contract with an appear in Block 10 or Block 11 in the contract with an appear in Block 10 or Block 11 in the contract with an appear in Block 10 or Block 11 in the contract with a property with all other like appearance with a property with all other like appearance with a property with a property with all other like appearance with a property with a pr

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR