

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91741 001 ***150.00
 05-18-2001 91741 002 *****8.75

DOCUMENT # P95000020128

1. Entity Name

DR. ESTEBAN & SHARON ANDERSON, INC.

Principal Place of Business

20800 BISCAYNE BLVD.
 AVENTURA FL 33180

Mailing Address

PO BOX 3559
 HIALEAH FL 33013

2. Principal Place of Business

1800 W 49th

Suite, Apt. #, etc.

Suite 217

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

3. Mailing Address

P.O. Box 183541

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33013

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0563295

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ-COLFINO, JOSEFINA
 930 WASHINGTON
 #206
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name *Perez-Cofino Josefin*
 Street Address (P.O. Box Number is Not Acceptable)
 5040 N.W. 7th St.
 Suite 610
 City *Miami* FL Zip Code *33126*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	<input type="checkbox"/> Delete
	P ANDERSON, ESTEBAN DR	PO BOX 3541 226 E 26 ST	HIALEAH FL 33013	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Esteban Anderson / 5/10/01

Date

Daytime Phone #

305-693-0484

CR2E034 (10/00)