

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

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90103 001 \*\*\*150.00  
05-19-2002 90103 002 \*\*\*\*\*8.75

DOCUMENT # *P95000020128*  
1. Entity Name  
*DR. Estaban & Sharon Anderson Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1800 W 49 Street*  
Suite, Apt. #, etc.  
*217*  
City & State  
*Mia leah, FL*  
Zip  
*33012*  
Country  
*USA*

3. Mailing Address  
*P.O. Box 3541*  
Suite, Apt. #, etc.  
City & State  
*Mia leah, FL*  
Zip  
*33012*  
Country  
*USA*

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*65-0563295*  
Apply For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
-Name  
*PEREZ - Colfina, Josefina*  
Street Address (P.O. Box Number is Not Acceptable)  
*5040 N.W 7 Street Ste 610*  
City  
*Miami* FL Zip Code  
*33139*

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 \_\_\_\_\_ (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)

January 1 - May 15 Fee is \$150.00  
After May 15 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           | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|----------|-----------------------------|--|---------------------------|-------|------|----------------|-----------------|
| <i>P</i> | <i>Anderson, Estaban DR</i> | <i>P.O. Box 3541 - 2851 E 18th Ave</i> | <i>Mia leah, FL 33013</i> |       |      |                |                 |
|          |                             |  |                           |       |      |                |                 |
|          |                             |  |                           |       |      |                |                 |
|          |                             |  |                           |       |      |                |                 |
|          |                             |  |                           |       |      |                |                 |
|          |                             |  |                           |       |      |                |                 |

**DO NOT WRITE  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*DR Estaban Anderson - President*

Date  
*04/19/02*

Daytime Phone #

CR2E034B (12/01)