

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053631

1. Entity Name

RAFAEL F. AVILES M.D. P.A.

Principal Place of Business

15936 SW-137 AVE  
MIAMI FL 33177

Mailing Address

15936 SW 137 AVE  
MIAMI FL 33177

2. Principal Place of Business

1800 SW 27 ave  
Suite #609

3. Mailing Address

25835 SW 197 ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Homestead FL

Zip

33144

Country

33031

Country

4. FEI Number

65-0594138

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AVILES, RAFAEL F  
7441 WAYNE AVENUE  
APT. 10-E  
MIAMI FL 33141-2133

Name

AVILES, RAFAEL F

Street Address (P.O. Box Number is Not Acceptable)

25835 SW 197 ave

Homestead

City

FL

Zip Code  
33031

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

*Melvin* RAFAEL F. AVILES

*Melvin*

4/25/02

DATE

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)

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, 2002 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  Delete  
NAME AVILES, RAFAEL F  
STREET ADDRESS 15936 SW 137 AVENUE  
CITY-ST-ZIP MIAMI FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  Change  Addition  
AVILES, RAFAEL F.  
1800 SW 27 ave suite 609  
MIAMI FL 33144

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

*Melvin* RAFAEL F. AVILES

4/25/02 305 476 0347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

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AV