## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

9990 SW 58 ST

## P95000064655 DOCUMENT #

1. Entity Name

9990 SW 58 ST

Principal Place of Business

LUIS GUTIERREZ - GALATAS, M.D., P.A.



## **FILED** Mar 24, 2003 8:00 am § Secretary of State

37 \*\*\*150.00

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MIAMI FL 33173 MIAMI FL 33173									1 ( <b>531</b> )			
2. Principal Place of Business			3. Mailing Address						4 150318007 110 NOINT MIND BOILD BOILD MARIN !	1911 BIYKI <b>1</b> 1818 B	ISBN BLIME BISH 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				<b>4</b> . F	FEI Number <b>65-0610491</b>	Applied For Not Applicable		
Zip Country			Zip		Coun	Country		5. (	Certificate of Status Desired	_ \$8.75 Additional		
6. Name and Address of Current Registered Agent						T	7. Name and Address of New Registered Agent					
						Name		***	Tame and Address of New Hogiste	rea Agent		
GUTIERRE	Z-GALATAS	S. LUIS				•						
9990 SW		,, 2010				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL												
MIAMI FL	331/3											
						City			-	<b>FL</b> Zip C	ode	
8. The above	named entity	submits this statement for t	he purp	oose of changing its	registere	Led office or	registere	d age	ent, or both, in the State of Florida. I		th, and accept	
the obligat	tions of regist	ered agent.			og.b.o.	000 0.	- Ugiotoro	d Lgc	one, or both, in the state of Florida.	an idinila w	in, and accept	
SIGNATURE		or printed name of registered agent and	d title if app	dicable. (NOTE:	Registere	d Agent signatu	re required v	vhen rei	instating) De	ATE		
			-	· · · · ·		J						
		! FEE IS \$150.00						- 1	9. Election Campaign Financing	¢.	.00 May Be	
		3 Fee will be \$550.00 Florida Department of S	2tata						Trust Fund Contribution.	_ ~~	ded to Fees	
	t i ujubic to								<u> </u>			
10.	I.	OFFICERS AND D	RECTO					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #