

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

DOCUMENT # **P95000093556**

1. Entity Name **MARIA R. FERNANDEZ GOMEZ, P.A.**

FILED

02 JUL -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **999 Ponce de Leon Blvd** 3. Mailing Address **999 Ponce de Leon Blvd.**

Suite, Apt. #, etc. **Suite 601** Suite, Apt. #, etc. **Suite 601**

City & State **Coral Gables, FL** City & State **Coral Gables, FL**

Zip **33134** Country **USA** Zip **33134** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **05-0624808** Applied 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 **MARIA R. FERNANDEZ GOMEZ**

Street Address (P.O. Box Number is Not Acceptable) **999 Ponce de Leon Blvd #**

Suite 601

City **Coral Gables** FL Zip **33134**

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.

(Not for Registered Agent signature required when reinstating)

DATE

MARIA FERNANDEZ GOMEZ 6/25/02

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

January 1 - May 1, Fee is \$150.00
After May 1, 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 **PRESIDENT**
NAME **MARIA R. FERNANDEZ GOMEZ**
STREET ADDRESS **999 Ponce de Leon Blvd # 601**
CITY - ST - ZIP **Coral Gables, FL 33134**

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******300.00 ****150.00**

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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:

MARIA R. FERNANDEZ GOMEZ

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/02 (305) 448-4481

CR-034B (12/01)

Maria R. Fernandez Gomez, P.A.

LAW OFFICES

MARIA R. FERNANDEZ GOMEZ

June 25, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327.
Tallahassee, FL 32314

Via US Mail

Re: Southeast Title Services Group, Inc. Reinstatement

Ref. Number: P95000094621

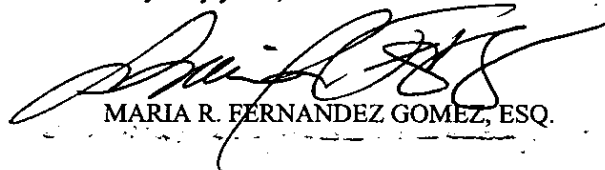
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To Whom it may concern:

Enclosed please find the reinstatement application Uniform Business Report for Southeast Title Services Group, Inc. and Maria R. Fernandez Gomez, P.A. the annual renewal fees of \$300.00 as discussed. As your records indicated, my renewals for 2002 were never received as it apparently continues to be mailed to my former address and returned by the post office to you.

Please reinstate my corporations and assure that the correct address is changed in your system for next year. I appreciate your cooperation.

Very truly yours,


MARIA R. FERNANDEZ GOMEZ, ESQ.

MFG/kf

North Lauderdale, FL, August 6, 2001.

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation
by the following name:

MAX CARE ENTERPRISES, CORPORATION
P00000010792

Our corporation has its articles filed with Florida department of
State-Division of Corporation on 01/26/2000.
Unfortunately, we never received the first notice, of our 2001
and 2002 UBR form; and we did not know that we must pay it
annually. This is the first time we are renewing our
corporation.

As this happened against our will, we would like to ask you
please wave the Reinstatement Fee, as I am sending you the amount
of US\$ 300.00, plus the completed Form. I would like to ask you
to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this
matter, please feel free to contact me. Thank you.

Sincerely,



CARLOS GURGEL
8010 HAMPTON BLVD APT# 214
NORTH LAUDERDALE, FL 33068