## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

E MD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 01, 2001 8:00 am Secretary of State DOCUMENT # **P95000094437** A & C PROFESSIONAL BILLING, INC. 02-01-2001 90112 028 \*\*\*150.00 Principal Place of Business Mailing Address 5512 S.W. 8 ST. 5512 S.W. 8 ST. CORAL GABLES FL 33134 SUITE 107-B CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0628990 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ---- 6:-- Name and Address of Current Registered Agent 7.\_Name and Address of New Registered Agent PEREZ, ARQUIMIDES Street Address (P.O. Box Number is Not Acceptable) 5512 S.W. 8 ST. **CORAL GABLES FL 33134** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.- Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD Delete TITLE Change ☐ Addition TITLE PEREZ. ARQUIMEDES NAME STREET ADDRESS 5512 S.W. 8 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Addition TITH F ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE Change Addition. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP . Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of truetee impowered 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 addresse, with all other like empowered.

**FILED**