

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002713

1. Entity Name

KATHLEEN DOLAN-VALDES, P.A.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90165 002 ***150.00

Principal Place of Business

11120 N. KENDALL DRIVE
SUITE 200
MIAMI FL 33176

Mailing Address

11120 N. KENDALL DRIVE
SUITE 200
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0632288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLAN-VALDES, KATHLEEN
9010 S W 137 AVE STE 209
MIAMI FL 33186

Name

Kathleen DOLAN-VALDES

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

11120 N. Kendall Drive, Suite 200

City

MIAMI

FL

Zip Code

33176

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]

Kathleen Dolan-Valdes

Signature typed or printed name of registered agent and title if applicable.

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **P** ☐ Delete
NAME **DOLAN-VALDES, KATHLEEN**
STREET ADDRESS **9010 SW 137 AVE, 209**
CITY-ST-ZIP **MIAMI FL**

TITLE **President** ☒ Change ☐ Addition
NAME **Kathleen Dolan-Valdes**
STREET ADDRESS **11120 N. Kendall Drive, Suite 200**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 (305) 598-0775
Date Daytime Phone #

0221635

CR2E034 (10/00)