

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90034 041 ***150.00

DOCUMENT # P96000031185

1. Entity Name

MARIA M. EGUSQUIZA, D.M.D.,P.A.

Principal Place of Business

**1441 FOREST HILL BLVD.
 #200
 LAKE CLARKE SHORES FL 33406**

Mailing Address

**4801 S UNIVERSITY DR. SUITE 3000
 DAVIE FL 33328**

2. Principal Place of Business

3. Mailing Address

1441 FOREST HILL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

LAKE CLARKE SHORES, FL

Zip

Country

Zip

Country

33406

U.S.A.

4. FEI Number

65-0672013

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

RODRIGUEZ, MIGUEL J

**4801 S UNIVERSITY DR, SUITE 3000
 DAVIE FL 33328**

Name

MARIA M. EGUSQUIZA

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

1441 FOREST HILL BLVD. #200

City

LAKE CLARKE SHORES

FL

Zip Code

33406

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 date if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

**MARIA M. EGUSQUIZA
 PRESIDENT**

4-22-02

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 NAME STREET ADDRESS CITY-ST-ZIP	P EGUSQUIZA, MARIA M 1441 FOREST HILL BLVD. SUITE 200 LAKE CLARKE SHORES FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIA M. EGUSQUIZA
 PRESIDENT**

Date

Daytime Phone #

4/22/02 (561) 547-0505

CR2E034 (9/01)