

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000039250**

1. Entity Name

HUMBERTO FERNANDEZ-MIRO, M.D., P.A.**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90020 001 ***150.00

769566

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5900 SW 127TH AVE., NO. 3415 MIAMI FL 33183		Mailing Address 2655 LEJEUNE RD STE PH2-B CORAL GABLES FL 33134 US	
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 65-0874668		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERNANDEZ-MIRO, HUMBERTO 5900 SW 127TH AVE., NO. 3415 MIAMI FL 33183		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/>		\$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	DPT FERNANDEZ-MIRO, HUMBERTO 5900 SW 127TH AVE., NO. 3415 MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
Document # P96000039250
769566

May 17, 2001

Division of Corporations
Department of State
Uniform Business Report Filing
P.O. Box 1500
~~Tallahassee, FL 32302-1500~~

To Whom It May Concern:

The following letter is to inform you that I, Humberto Fernandez-Miro M.D.P.A. would like to excuse myself for the late response in the renewal of my corporation. Due to unexpected traveling plans, I was not able to mail out on time these documents. Please find enclosed a check for the amount of \$150.00 for the renewal of my corporation.

Sincerely,



Humberto Fernandez-Miro M.D.P.A.