

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 02, 2003 8:00 am
Secretary of State

0316431 AV

04-02-2003 90070 050 ***150.00

DOCUMENT # P96000049550

1. Entity Name
LUIS HERNANDEZ-ABREU, D.M.D., P.A.



Principal Place of Business
**13091 N KENDALL DR.
MIAMI FL 33186**

Mailing Address
**13091 N KENDALL DR.
MIAMI FL 33186**



2. Principal Place of Business
10271 S.W. 72 St.

3. Mailing Address
10271 S.W. 72 St.

Suite, Apt. #, etc.
SUITE D-106

Suite, Apt. #, etc.
SUITE D-106

CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL.

City & State
MIAMI FL.

4. FEI Number
65-0674352

Applied For
 Not Applicable

Zip
33173

Country
U.S.A.

Zip
33173

Country
U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ-ABREU, LUIS
13091 N KENDALL DR
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name
HERNANDEZ-ABREU, LUIS

Street Address (P.O. Box Number is Not Acceptable)
**10271 S.W. 72 St.
SUITE D-106**

City
MIAMI

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS HERNANDEZ-ABREU, LUIS 13091 N KENDALL DR MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ-ABREU, LUIS 13091 N KENDALL DR MIAMI FL 33186	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS HERNANDEZ-ABREU, LUIS 10271 S.W. 72 St. SUITE D-100 MIAMI FL. 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ-ABREU, LUIS 10271 S.W. 72 St. SUITE D-106 MIAMI, FL- 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)