2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052562

1. Entity Name
OSCAR MENDEZ TOURINO. MD PA & ASSOCIATES INC

FILED
03 JUN -4 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2298 SW 8th Street, Miami Fl. 33135

Mailing Address: 2298 SW 8th Street. Miami Fl. 33135

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0673735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDEZ OSCAR
2298 SW 8th Street
Miami Fl. 33135

7. Name and Address of New Registered Agent

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 ______ 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, 2003 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	PD MENDEZ OSCAR 2298 SW 8th Street Miami Fl 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700020514427 06/04/03--01035--011 **300.00	☐ Change ☐ 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: ______ 05/29/03 786 285 3024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OSCAR MENDEZ TOURINO MD PA & ASSOCIATES INC
2298 SW 8 ST
MIAMI, FL 33135
305-642-4804

May 30, 2003

Florida Department of State,

We have received the reinstate letter from your department, including fee for $900.00.
After that we contact you by phone and we explain to you department the reason witch were never paid the renewal for this company for year 2002, due we never received by mail the request to file this requirement. For that reason, the costumer services explain to us write this letter to your deparment and sent copy form the reinstate letter and a check for $300.00

Sincerely,

Guillermo Martinez
Accountant

Oscar Mendez Turino MD
President