

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90123 039 ***150.00

DOCUMENT # **P96000089690**



1. Entity Name
JULIO A. IRIZARRY, D.M.D. P.A.

Principal Place of Business
**8512 SW BIRD RD.
MIAMI FL 33155**

Mailing Address
**8512 SW BIRD RD.
MIAMI FL 33155**



2. Principal Place of Business
9000 SW 87 Ct.

3. Mailing Address
9000 SW 87 Ct.

Suite, Apt. #, etc.
SUITE 116

Suite, Apt. #, etc.
SUITE 116

City & State
MIAMI, FL

City & State
MIAMI, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0708913**

Applied For
 Not Applicable

Zip **33176** Country **USA**

Zip **33176** Country **USA**

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

**IRIZARRY, JULIO A
8512 SW BIRD RD.
MIAMI FL 33155**

Name **IRIZARRY, Julio A.**
Street Address (P.O. Box Number is Not Acceptable)
9000 SW 87 Ct., SUITE 116
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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|----------|--------------------------|-------------------------|-----------------------|--------------------------|
| P | IRIZARRY, JULIO A | 8512 SW BIRD RD. | MIAMI FL 33155 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|------------------|---------------------------|----------------------------------|------------------------|-------------------------------------|--------------------------|
| PRESIDENT | IRIZARRY, Julio A. | 9000 SW 87 Ct., SUITE 116 | MIAMI, FL 33176 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (305)228-2800
Date Daytime Phone #

CR2E034 (10/02)