

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90047 012 ***150.00

DOCUMENT # **P96000092294** ✓
1. Entity Name
MARIA DAUSA-HERNANDEZ D.D.S.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8512 S.W. 40th St.		3. Mailing Address 7706 S.W. 74th Ln.	
Suite, Apt. #, etc. Miami FL.		Suite, Apt. #, etc.	
City & State Miami FL.		City & State Miami FL.	
Zip 33155	Country U.S.A.	Zip 33143	Country U.S.A.

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4. FEI Number 59-3409964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MARIA DAUSA HERNANDEZ DDS**
Street Address (P.O. Box Number is Not Acceptable)
7706 SW 74 LANE
City **MIAMI** FL Zip Code **33143**

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/22/02
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President MARIA D. HERNANDEZ 8512 S.W. 40th St. Miami FL. 33165
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (305) 223-0222
Date Daytime Phone #

CR2E034B (12/01)