


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90356 016 ***150.00

DOCUMENT # P-96000092294	
1. Entity Name MARIA DAUSA-HERNANDEZ D.D.S.P.A.	

DO NOT WRITE IN THIS SPACE

11037025

2. Principal Place of Business 8512 S.W. 40th	3. Mailing Address 7706 S.W. 74 Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL
Zip 33155	Zip 33143
Country DADE	Country DADE

4. FEI Number 593409964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name MARIA DAUSA HERNANDEZ	
Street Address (P.O. Box Number is Not Acceptable) 7706 S.W. 74 Lane	
City MIAMI	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, I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DATE** 4/30/03
(NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT (P)	NAME MARIA DAUSA HERNANDEZ	TITLE	NAME
STREET ADDRESS 8512 S.W. 40th	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33143	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE  **DATE** 4/30/03 **Daytime Phone #** (305) 223-0072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/02)