

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

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90928 024 ***150.00

DOCUMENT # P97000001198

1. Entity Name

Jacqueline D. Green, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
134 Rosales Court

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 43-0942

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
59-3486677

Applied For
Not Applicable

Zip
33143

Country
USA

Zip
33243

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Green, Jacqueline Dr

Street Address (P.O. Box Number is Not Acceptable)
134 Rosales Court

City Miami **FL** **Zip Code** 33143

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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 President
NAME Green, Jacqueline
STREET ADDRESS P.O. Box 43-0942 N/A
CITY - ST - ZIP Miami, Florida 33243

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E0345 (12/01)

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

President

6/19/02 305-666-2004

Daytime Phone #

JACQUELINE D. GREEN, M.D., P.A.
P.O. Box 43-0942
Miami, FL 33243

Attachment
Doc # 97000001198
869977

June 7, 2002

VIA FEDERAL EXPRESS

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

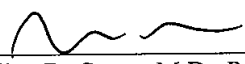
Re: Annual Business Report

To Whom It May Concern:

Enclosed please find the completed annual business report for JACQUELINE D. GREEN, M.D., P.A., a Florida corporation, Document Number 97000001198, together with a check for \$150.00 made payable to the Florida Department of State. The submission is late because the Corporation did not receive the annual report form in the mail, although all of its mailing information is the same as in 2001.

Very truly yours,

JACQUELINE D. GREEN, M.D., P.A.


By: Jacqueline D. Green, M.D., President

Enclosures