

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90245 007 ***150.00

DOCUMENT # **P97000001839** ✓

1. Entity Name **RAYMOND PLACID P.A.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

DADE COUNTY

Suite, Apt. #, etc.

#293

City & State

Coral Gables FL

Zip

33146

Country

USA

3. Mailing Address

1172 South Dixie Highway

Suite, Apt. #, etc.

#293

City & State

CORAL GABLES FL

Zip

33146

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65 0716104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Raymond Placid**

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

1172 South Dixie Highway #293

City

Coral Gables

FL

Zip Code

33146

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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)

4/24/02
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, VP, Sec, Treas.
RAYMOND PLACID
1172 SOUTH DIXIE HIGHWAY #293
CORAL GABLES FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

4/24/02 305 668 3153

CR2E034B (12/01)