

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000013985

FILED  
Jan 12, 2002 8:00 AM  
Secretary of State

**Entity Name:** LUIS A. SANCHEZ, D.M.D., & ASSOCIATES, P.A.

**Current Principal Place of Business:**

6376 SW 9TH ST  
WEST MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

6376 SW 9TH ST  
WEST MIAMI, FL 33144 US

**New Mailing Address:**

FEI Number: 65-0747880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANCHEZ, LUIS A DMD  
6376 SW 9TH ST  
WEST MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: SANCHEZ, LUIS A DMD  
Address: 6376 SW 9TH ST  
City-St-Zip: WEST MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A. SANCHEZ, DMD

DR

01/12/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date