

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90224 033 ***150.00

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DOCUMENT # P97000043822

1. Entity Name
RAFAEL FABIAN, P.A.



Principal Place of Business
**9220 S W 72ND STREET
SUITE 204
MIAMI FL 33173
US**

Mailing Address
**9220 S W 72ND STREET
SUITE 204
MIAMI FL 33173
US**



2. Principal Place of Business
10281 SW 72nd Street

3. Mailing Address
10281 SW 72nd Street

Suite, Apt. #, etc.
Suite 106

Suite, Apt. #, etc.
Suite 106

City & State
Miami, FL

City & State
Miami, FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0753511**

Applied For
Not Applicable

Zip **33173**

Country **USA**

Zip **33173**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

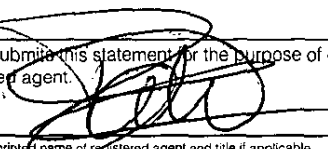
6. Name and Address of Current Registered Agent

**FABIAN, RAFAEL
9220 S W 72ND STREET
SUITE 204
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **FABIAN, RAFAEL**
Street Address (P.O. Box Number is Not Acceptable)
10281 SW 72nd Street
Suite 106
City **Miami** **FL** Zip Code **33173**

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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

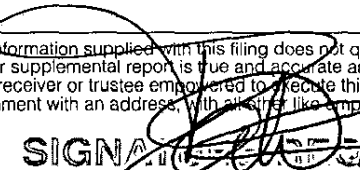
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PSTD	FABIAN, RAFAEL	9220 SUNSET DRIVE, SUITE 204	MIAMI FL 33173	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change	☐ Addition
PSTD	FABIAN, RAFAEL	10281 SW 72nd Street, Ste 106	Miami, FL 33173	☒	☐
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RAFAEL FABIAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

(305) 598-0829
Daytime Phone #

CR2E034 (10/02)