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

2. Principal Place of Business	3. Mailing Address
10281 SW 72nd Street	10281 SW 72nd Street
Suite, Apt. #, etc. Suite 106	Suite, Apt. #, etc. Suite 106
City & State Miami, FL	City & State Miami, FL
Zip 33173 Country USA	Zip 33173 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0753511 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FABIAN, RAFAEL	Name FABIAN, RAFAEL
9220 S W 72ND STREET	Street Address (P.O. Box Number is Not Acceptable) 10281 SW 72nd Street
SUITE 204	Suite 106
MIAMI FL 33173	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 ________ [signature]
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD FABIAN, RAFAEL 9220 SUNSET DRIVE, SUITE 204 MIAMI FL 33173	☐ Delete	PSTD FABIAN, RAFAEL 10281 SW 72nd Street, Ste 106 Miami, FL 33173	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] RAFAEL FABIAN 4/14/03 (305) 598-0829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #