## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P97000048989

1. Entity Name

PATRICIA L. PEREZ, P.A.



Principal Place of Business 2222 PONCE DE LEON BLVD PENTHOUSE SUITE

Mailing Address 2222 PONCE DE LEON BLVD PENTHOUSE SUITE

## **FILED** Mar 27, 2003 8:00 am § Secretary of State

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CORAL GABLES FL 33134			CORAL GABLES FL 33134										
2. Principal Place of Business		3. Mailing Address				:	1   00    100    100   101    100		8   <b> 6</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State .			City & State			<u> </u>		<b>4.</b> F	65-0794072		Applied For Not Applicable		
Zip		Country	Zip Cour			гу	<b>5.</b> C		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent								7. N	lame and Address of New Registered	Agent			
PEREZ, PATRICIA L				-	Name Street Add	ame ! treet Address (P.O. Box Number is Not Acceptable)							
2222 PONCE DE LEON BLVD					Ollect Add		+	OX Number is Not Acceptabley	<del></del>				
PENTHOUSE SUITE CORAL GABLES FL 33134					City		<u> </u>		Zip	Code			
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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, typed o	r printed name of registered agent a	and title if applic	cable. (NOTE:	Registered	Agent signature	required w	hen rei	instating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							!	<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>		<b>5.00</b> May Be dded to Fees			
10.	OFFICERS AND DIRECTORS 11.				11.			ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 11		
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CITY-ST-ZIP					CITY-S	ST-ZIP		! !			_		

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 frue 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 to step impowered to execute this report as required by Chapter 607, Florida Statutes, and that my hame appears in Block 10 or Stock 11 if changed, or on an attachment with a address, with all other like empowered. 12. I hereby certify that the information

SIGNATURE: