## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2002 8:00 am Secretary of State DOCUMENT # P97000060709 1. Entity Name 02-14-2002 90044 048 \*\*\*150.00 Julia B. Pizarro, D.M.D., P.A. Mailing Address Principal Place of Business 2762-B TAMIAMI TRL. 2762-B TAMIAMI TRL. PT. CHARLOTTE FL PT. CHARLOTTE FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. \_Suite, Apt. #, etc.\_ DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0775494 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIZARRO, JULIA B Street Address (P.O. Box Number is Not Acceptable) 2762-B TAMIAMI TRL. PT. CHARLOTTE FL City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE Change TITLE D NAME NAME PJZARRO, JULIA B STREET ADDRESS STREET ADDRESS 2762-B TAMIAMI TRL. CITY-ST-ZIP CITY-ST-ZIP PT. CHARLOTTE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**FILED**