

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90243 018 ***150.00

DOCUMENT # P98000021448

1. Entity Name
ELIZABETH DELGADO, P.A.



Principal Place of Business
**2307 DOUGLAS RD
STE 401
MIAMI FL 33145**

Mailing Address
**2307 DOUGLAS RD
STE 401
MIAMI FL 33145**



2. Principal Place of Business

2100 W. 76th St.

3. Mailing Address

2100 W. 76th St.

Suite, Apt. #, etc.

Suite # 304

Suite, Apt. #, etc.

Suite # 304

City & State

Mialeah, FL.

City & State

Mialeah, FL.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0838599**

Applied For

Not Applicable

Zip

33016

Country

Zip

33016

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELGADO, ELIZABETH ESQ.
2307 DOUGLAS RD STE 401
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **DELGADO, Elizabeth Esq.**

Street Address (P.O. Box Number is Not Acceptable)

2100 W. 76th St. Suite 304

City

Mialeah

FL

Zip Code

33016

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 or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/03.

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 **PD** ☒ Delete
NAME **DELGADO, ELIZABETH**
STREET ADDRESS **2307 DOUGLAS RD STE 401**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **P.D.S.T.** ☒ Delete
NAME **Elizabeth Delgado**
STREET ADDRESS **2100 W. 76th St. Suite 304**
CITY-ST-ZIP **Mialeah, FL. 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D.S.T.** ☐ Change ☐ Addition
NAME **Elizabeth Delgado, P.A.**
STREET ADDRESS **2100 W. 76th St. Suite 304**
CITY-ST-ZIP **Mialeah, FL. 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

(205) 828-8595

Daytime Phone #

CR2E034 (10/02)