

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90193 014 \*\*\*150.00

0297604 AV

**DOCUMENT # P98000048707**

1. Entity Name  
**FRANCESCO CABRERA M.D. P.A.**



Principal Place of Business  
**11880 BIRD ROAD, SUITE 411**  
**MIAMI FL 33175**

Mailing Address  
**11880 BIRD ROAD, SUITE 411**  
**MIAMI FL 33175**  
**US**

2. Principal Place of Business  
**11880 BIRD ROAD**  
Suite, Apt. #, etc.  
**SUITE 405**  
City & State  
**MIAMI, FL**  
Zip  
**33175** Country  
**DADE**

3. Mailing Address  
**11880 BIRD ROAD**  
Suite, Apt. #, etc.  
**SUITE 405**  
City & State  
**MIAMI, FL**  
Zip  
**33175** Country  
**DADE**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0509858** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**CABRERA, FRANCESCO**  
**11880 BIRD ROAD, SUITE 405**  
**MIAMI FL 33175**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CABRERA, FRANCESCO MD PA 11880 BIRD ROAD, STE 207 405 MIAMI FL 33175</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

4-28-03 (305) 229-3848

DATE DAYTIME PHONE #

CR2E034 (10/02)