

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90069 030 \*\*\*158.75

**DOCUMENT # P98000051265**

1. Entity Name  
**NELSON R. HERRERO, MD. P.A.**

Principal Place of Business  
**12745 SW 60TH LANE**  
**MIAMI FL 33183**  
**US**

Mailing Address  
**12745 SW 60TH LANE**  
**MIAMI FL 33183**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0847459**

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

**HERRERO, NELSON R MD**  
**12745 SW 60TH LANE**  
**MIAMI FL 33183**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERRERO, NELSON R</b> <b>12745 SW 60TH LANE</b> <b>MIAMI FL 33183</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Quintana, Maria L.</b> <b>12745 SW 60 Lane</b> <b>Miami, Fl. 33183</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

**305-221-2728**

CR2E034 (9/01)

*Attachment*

*873142*  
*P9800005265*

**Hidalgo Accounting Services**  
**1341 SW 119 Court**  
**Miami, Florida 33184**  
**Phone: (305) 801 9577**

**August 26, 2002**

**Department of State**  
**Division of Corporations**  
**409 East Gaines Street**  
**Tallahassee, Florida 32399**  
**Att.: Kathy**

**RE: Nelson Herrero , MD. P.A.. Petition to reduce fee.**

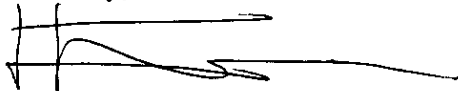
Dear Kathy:

We spoke last week and I explain briefly that my accounting office was closed for almost a year due to an open heart surgery, my recovery has been slow and my clients have been very patience with my illness and recovery.

When I reopened the office and started organizing the files, I found this reinstatement application, changes and check. I had to explain the awkward situation to my client. Luckily, he was kind enough to understand my situation. In light of my situation and the hardship I have financially had to endure, I would greatly appreciate your help in this matter by reducing the re-instatement fees. I guarantee that this will never happen again.

Thank you for your time, attention and cooperation in this matter.

Sincerely,



**Casto F. Hidalgo**  
**Accountant**