


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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90197 045 ***150.00

DOCUMENT # <u>P98000077236</u>	
1. Entity Name <u>LUANA CARACASSONI HD, PA.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>10300 SW 924th</u>	3. Mailing Address <u>10300 SW 924th</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>MIAMI, FLA</u>	City & State <u>MIAMI</u>	4. FEI Number <u>65-0868656</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33176</u>	Country <u>USA</u>	Zip <u>33176</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D LUANA CARACASSONI</u> <u>10300 SW 924th</u> <u>MIAMI, FL 33176</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)