

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**  
 05-13-2000 90034 026 \*\*\*150.00

DOCUMENT # **P98000103740**

1. Entity Name  
**Maria E. Hoffman - Guardia MD, PA**

Principal Place of Business Mailing Address  
**15200 SW 81 Ave. Same**  
**Miami, FL 33157**

2. Principal Place of Business 3. Mailing Address  
**15200 SW 81 Ave Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Miami, FL**  
 Zip Country Zip Country  
**33157 US**

4. FEI Number **65-0898953**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**Maria E. Hoffman - Guardia**  
**15200 SW 81 Ave.**  
**Miami, FL 33157**

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.  
 SIGNATURE of the Registered Agent: **Maria E. Hoffman - Guardia** (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, 2000 Fee will be \$450.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 of an attachment with an address, with all other like empowered.

SIGNATURE: **Maria E. Hoffman - Guardia**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/16/00** (305) 278-0788

CR2E034 (9/99)