

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90162 017 \*\*\*150.00

**DOCUMENT # P99000000433**

Entity Name  
**LEANA GARCIA M.D. P.A.**

Principal Place of Business Mailing Address  
 8457 NW 189 ST. RD. 8457 NW 189 ST. RD.  
 MIAMI FL 33015 MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**3228 NW 7th St.** **3228 NW 7th St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Miami, Fl.** **Miami, Fl.**

4. FEI Number **65-0884147** Applied For  
 Not Applicable

Zip Country Zip Country  
**33125 USA** **33125 USA**

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

**GARCIA, ILEANA**  
**8457 NW 189 ST. RD.**  
**MIAMI FL 33015**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, ILEANA</b>	NAME	
STREET ADDRESS	<b>8457 NW 189 ST. RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **LEANA GARCIA M.D.** **2/4/02** **(305) 642-5090**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01/14/02 AV

CR2E034 (9/01)