2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am Secretary of State DOCUMENT # P99000016010 1. Entity Name 05-22-2001 90024 009 ***150.00 JOSE MACEDO, O.D., P.A. Principal Place of Business Mailing Address 8309 W. Flagler Street Miami, Florida 33144 8309 W. Flagler Street Miami, Fl. 33144 769842 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, atc. Suite Apt. # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0898323 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACEDO, 'JOSE Street Address (P.O. Box Number is Not Acceptable) 8309 W. Flagler Street Miami, Fl. 33144 City Zip Code 8. The above named distity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SICNATURE Signature, typed or pentiod name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** ☐ Delete HHE TITLE Change Addition Macedo, Jose NAME NAME 8309 W. Flalger St SHILL ADDRESS STREET ADDRESS CHY-ST-ZIP Miami, Fl. 33144 CITY-ST-ZIP ☐ Defete []] Change TITLE Addition NAME NAME STRILL ADDRESS STREET ADDRESS CHY ST ZIP CITY-ST-ZIP ишг - Dēlale TITLE-_[]].Change.____ 🔲 Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZP CITY-ST-7/P 1000 ☐ Delete THIE [] Change Addition MAME NAME STREET ADDRESS STREET ADDRESS GHY-51-70 CITY-ST-ZIP ппе ☐ Delete Change Addition MAME STREET ADDRESS STREET ADDRESS CHY-ST ZP CHTY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME

13. Thereby 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 trustop empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if charged, or on an ottachment will an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

Jøse MACEDO, President SIGNATUR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CUTY- ST- ZIF

4/26/01 305-265-9966