2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

FILED Jan 20, 2001 8:00 am Secretary of State DOCUMENT # P99000038756 1. Entity Name SUSANA ABESADA-TERK, P.A. 01-20-2001 90016 048 ***150.00 Principal Place of Business Mailing Address 530 S.W. LE JEUNE RD. 538 S.W. LE JEUNE RD. MIAMI FL 33134 MIAMI FL 33134 いりいりょんしん 3. Mailing Address 2. Principal Place of Business 538 S.W. Le Jeune Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0915618 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 5.A Fee Required 33134-1962 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABESADA-TERK, SUSANA Street Address (P.O. Box Number is Not Acceptable) 538 S.W. LE JEUNE RD. **MIAMI FL 33134** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Addition ☐ Delete TITI F ☐ Change TITLE ABESADA-TERK, SUSANA NAME NAME STREET ADDRESS 538 S.W. LE JEUNE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33134** Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental re of the corporation or the receiver or trustee

like empowered

Abasada-Teck 01/04/01