

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90073 013 ***150.00

DOCUMENT # P99000061241

1. Entity Name

LAURA E. VIZCARRA, P.A.



Principal Place of Business

90 EDGEWATER DR. APT 414
CORAL GABLES FL 33133

Mailing Address

90 EDGEWATER DR. APT 414
CORAL GABLES FL 33133

2. Principal Place of Business

3. Mailing Address

90 Edgewater Dr

90 Edgewater Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

412

412

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0975828

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIZCARRA, LAURA E

90 EDGEWATER DR.

APT #112

CORAL GABLES FL 33133

412

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
VIZCARRA, LAURA E
90 EDGEWATER DR. APT. 412
CORAL GABLES FL 33133

☐ Delete

TITLE
NAME
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03

Date

305 510-7858

Daytime Phone #

CR2E034 (10/02)