

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90339 032 \*\*\*150.00

0140899 AV

**DOCUMENT # V53382**

1. Entity Name  
**JOSE J. ABREU M.D. P.A.**

Principal Place of Business <b>14500 DADE PINE AVE          MIAMI LAKES FL 33014          US</b>	Mailing Address <b>14500 DADE PINE AVE          MIAMI LAKES FL 33014          US</b>
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2. Principal Place of Business <b>15963 N.W. 79 PL.</b>	3. Mailing Address <b>15963 N.W. 79 PL.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>MIAMI LAKES, FL.</b>	City & State <b>MIAMI LAKES, FL.</b>
Zip <b>33016</b>	Zip <b>33016</b>
Country	Country

4. FEI Number **65-0347334**  
 Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ABREU, JOSE J.  
 14500 DADE PINE AVE.  
 MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent  
 Name **ABREU, JOSE J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15963 N.W. 79 PL**  
 City **MIAMI LAKES** FL Zip Code **33016**

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 DATE **4/10/02**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ABREU, JOSE J. 14500 DADE PINE AVE. MIAMI LAKES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D ABREU, SYLVIA, 14500 DADE PINE AVE. MIAMI FL 33014</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15963 N.W. 79 PL.          MIAMI LAKES, FL. 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15963 N.W. 79 PL.          MIAMI LAKES, FL. 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE: DATE **4/10/02** 305 822 8229  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)