

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90758 043 \*\*\*150.00

DOCUMENT # P02000085453  
1. Entity Name  
ADRIANA CABREJA P.A.



Principal Place of Business: 13767 SW 109 LN MIAMI FL 33186  
Mailing Address: 13767 SW 109 LN MIAMI FL 33186



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: 7105 SW 8 ST  
Suite, Apt. #, etc.: 309

CHECK HERE IF MAKING CHANGES

City & State: MIAMI FL  
Zip: 33144

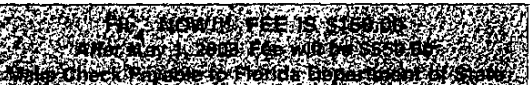
4. FEI Number: \_\_\_\_\_ Applied  Not App   
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CABREJA ADRIANA  
13767 SW 109 LN  
MIAMI FL 33186

7. Name and Address of New Registered Agent  
Name: 30-0100155  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_



9. Election Campaign Financing Trust Fund Contribution  \$5.00 Added to Fee

10. OFFICERS AND DIRECTORS

TITLE: <u>P/D</u> NAME: <u>CABREJA ADRIANA</u> STREET ADDRESS: <u>13767 SW 109 LN</u> CITY-ST-ZIP: <u>MIAMI FL 33186</u>	<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
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE: <u>P/D</u> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA CABREJA P.A. ADRIANA CABREJA 4/25/03 (305)226-3993