

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G49120**

1. Entity Name
ANGEL VELOSO, M.D., P.A.

Principal Place of Business

**7500 S.W. 8TH STREET
PENTHOUSE TWO
MIAMI FL 33144**

Mailing Address

**7500 S.W. 8TH STREET
PENTHOUSE TWO
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2297785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARUNCHO & MUR, P.A.
2600 DOUGLAS ROAD
SUITE 501
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

JOSE VILLALOBOS

Street Address (P.O. Box Number is Not Acceptable)

2350 CORAL WAY - SUITE #202

City

MIAMI

FL

Zip Code

33135

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

JOSE VILLALOBOS

9-11-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00

**After September 12, 2001 Fee will be \$750.00
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 **PSD** ☐ Delete
NAME **VELOSO, ANGEL, M.D.**
STREET ADDRESS **13750 S.W. 36TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-01

Date

(305) 262-6060

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90033 001 *1,100.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)