

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M54524

1. Entity Name

~~ELLEN ALDERMAN, R.P.T., P.A.~~

ELLEN ALDERMAN, R.P.T., INC.

Principal Place of Business

Mailing Address

2801 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

2801 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-6924
US

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

59-2828779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALDERMAN, ELLEN (P.A.)
2801 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Name

Peters, Adrienne

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

2801 Ponce De Leon Blvd. #250

City

Coral Gables

FL

Zip Code

33134

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

Adrienne Peters

Adrienne Peters, president

3/29/00

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME ALDERMAN, ELLEN (P.A.)
STREET ADDRESS 2801 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

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

TITLE ☐ Delete
NAME Peters, Adrienne
STREET ADDRESS 2801 Ponce De Leon Blvd. #250
CITY-ST-ZIP Coral Gables, FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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:

Adrienne Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adrienne Peters

3/29/00

305-448-7101
Date Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90151 015 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)