

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90424 032 ***150.00

DOCUMENT # P01000090030

1. Entity Name
VERAS & GOMEZ, M.D., P.A.

Principal Place of Business

5701 COLLINS AVE #1604
 MIAMI BEACH FL 33140

Mailing Address

5701 COLLINS AVE #1604
 MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

5701 Collins Ave

5701 Collins Ave.

Suite, Apt. #, etc.

608

Suite, Apt. #, etc.

608

City & State

Miami Beach, FL.

City & State

Miami Beach, FL.

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

65-1136677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VERAS, LUIS

5702 COLLINS AVE #1604

MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
 Luis S. Veras, M.D.

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

5701 Collins Ave.

Suite 608

City
 Miami Beach

FL

Zip Code
 33140

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

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, 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	PD VERAS, LUIS 5701 COLLINS AVE #1604 608 MIAMI BEACH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, ANGEL A 5702 COLLINS AVE #1604 MIAMI BEACH FL 33140	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02 (305) 444-7749

CR2E034 (9/01)