## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P93000031794 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** J.A. SUAREZ, JR., M.D., P.A. 03-04-2000 90048 028 \*\*\*150.00 Principal Place of Business Mailing Address 6103 SE FEDERAL HIGHWAY 194 N.E. ELM TERRACE STUART FL 34997 JENSEN BEACH FL 34957-4632 CAPPAUUA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0413186 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUAREZ, JR. J Street Address (P.O. Box Number is Not Acceptable) 6103 SE FEDERAL HIGHWAY STUART FL 34997 Zip Code ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity subpairs this st ひるろうひ WAREZ JR SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PVTS ☐ Delete TITI F Change ☐ Addition TITLE SUAREZ, JOSE A JR NAME NAME 194 N.E. ELM TERRACE STREET ADDRESS STREET ADDRESS JENSEN BEACH FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDAESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 giner like empowered.

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