

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-03-2000 90266 007 ***150.00

DOCUMENT # P95000074074

1. Entity Name

LUIS H. LUGO-ARRENDELL, M.D., P.A.

Principal Place of Business

Mailing Address

3940 SOUTH WEST 153RD AVENUE
 MIRAMAR FL 33027

3940 SOUTH WEST 153RD AVENUE
 MIRAMAR FL 33027-3367

817494



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0614531

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PESTANO, ANTOLIN
 7401 NORTH WEST 11TH COURT
 PLANTATION FL 33313

Name

ANTOLIN PESTANO

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

7758 NW 44 ST

City

PLANTATION

FL

Zip Code

33351

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

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

(NOTE: Registered Agent signature required when reinstating)

1/11/00
 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 Delete
 NAME PD
 STREET ADDRESS LUGO-ARRENDELL, LUIS H
 CITY-ST-ZIP 3940 SOUTH WEST 153RD AVENUE
 MIRAMAR FL 33027

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VPD
 STREET ADDRESS MARTIN, DAYAMI
 CITY-ST-ZIP 3940 SOUTH WEST 153RD AVENUE
 MIRAMAR FL 33027

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 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:

Luis H. Lugo-Arrendell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000
 Date

Daytime Phone #

CR2E034 (9/99)