

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90165 019 ***150.00

DOCUMENT # P95000074074

1. Entity Name

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

Principal Place of Business

**3940 SOUTH WEST 153RD AVENUE
 MIRAMAR FL 33027**

Mailing Address

**3940 SOUTH WEST 153RD AVENUE
 MIRAMAR FL 33027**

2. Principal Place of Business

1840 W. 49 ST

Suite, Apt. #, etc.

SUITE 515

3. Mailing Address

60 PESTANO & ASSOC PA

Suite, Apt. #, etc.

7758 NW 44 ST



DO NOT WRITE IN THIS SPACE

City & State

Hialeah Florida

City & State

PLANTATION Florida

4. FEI Number

65-0614531

Applied For

Not Applicable

Zip

33012

Country

U.S. A.

Zip

33351

Country

U.S. A.

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
 7758 NW 44 ST
 PLANTATION FL 33351**

Name

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

City

FL

Zip Code

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	LUGO-ARREDELLE, LUIS H	3940 SOUTH WEST 153RD AVENUE	MIRAMAR FL 33027	<input type="checkbox"/>
VPD	MARTIN, DAYAMI	3940 SOUTH WEST 153RD AVENUE	MIRAMAR FL 33027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Lugo-Arrendell, Luis H	1840 W. 49 ST., SUITE 515	HIALEAH FL 33012	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	MARTIN, DAYAMI	1840 W. 49 ST., SUITE 515	HIALEAH FL 33012	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Ar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/2001
 Date

Daytime Phone #

CR2E034 (10/00)