

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070703

1. Entity Name

ELEONOR PIMENTEL, M.D., P.A.

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91593 047 ***550.00

Principal Place of Business

Mailing Address

747 PONCE DE LEON BLVD. SUITE 408
CORAL GABLES FL 33134

747 PONCE DE LEON BLVD. SUITE 408
CORAL GABLES FL 33134

B0123502



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0012158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAST, LOUIS F
8405 NW 53 STREET
SUITE C-100
MIAMI FL 33166

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.
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIMENTEL, ELEONOR
747 PONCE DE LEON BLVD, SUITE 408
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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MACEYRAS, REGINO N
747 PONCE DE LEON BLVD STE 408
CORAL GABLES FL 33134 ☐ Delete

TITLE
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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

5/28/2002

Date

Daytime Phone #

305
445-0700

CR2E034 (9/01)