

# 2000 UNITED FRANCHISES REPORT (UBR)

10fz

DOCUMENT # H87764

1. Entity Name

AIDA A. MALONZO, M.D., P.A.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 JUL 20 AM 8:40

Principal Place of Business Mailing Address  
1354 COUNTRY CLUB ROAD 1354 COUNTRY CLUB ROAD  
GULF BREEZE, FL 32561 GULF BREEZE, FL 32561

2. Principal Place of Business 3. Mailing Address  
607 LAKE SHORE DRIVE 607 LAKE SHORE DRIVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
LEESBURG, FL LEESBURG, FL 59-2649602 Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
34748-6831 USA 34748-6831 USA Fee Required

## 6. Name and Address of Current Registered Agent

AIDA A. MALONZO  
1354 COUNTRY CLUB ROAD  
GULF BREEZE, FL 32561

## 7. Name and Address of New Registered Agent

Name  
AIDA A. MALONZO  
Street Address (P.O. Box Number is Not Acceptable)  
607 LAKE SHORE DRIVE  
City Zip Code  
LEESBURG, FL FL 34748-6831

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 *Aida A. Malonzo* AIDA A. MALONZO, PRESIDENT 7/15/00  
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, 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	DP <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AIDA A. MALONZO		NAME	AIDA A. MALONZO	
STREET ADDRESS	1354 COUNTRY CLUB ROAD		STREET ADDRESS	607 LAKE SHORE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP	LEESBURG, FL 34748-6831	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	300003343863--8	
STREET ADDRESS			STREET ADDRESS	-08/02/00--01049--030	
CITY-ST-ZIP			CITY-ST-ZIP	***300.00 ***300.00	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Aida A. Malonzo* 352-360-0490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2052

Aida A. Malonzo, M.D., P.A.  
607 Lake Shore Drive  
Leesburg, FL 34748-6831

July 12, 2000

State of Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Aida A. Malonzo, M.D., P.A.  
FEIN: 59-2649602

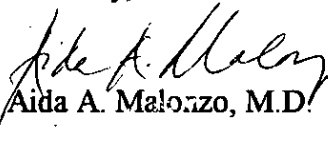
Dear Sir or Madam,

Enclosed is the State of Florida 2000 Uniform Business Report for Aida A. Malonzo, M.D., P.A.. I have also enclosed a check payable to the Department of State in the amount of \$300 and I am respectfully requesting reinstatement of this corporation and abatement of the additional \$600 penalty.

I am requesting the abatement because I did not receive the corporate notices from the State of Florida due to several cross country moves in 1998 and 1999.

Thank you for your consideration of this request for abatement of penalties.

Sincerely,

  
Aida A. Malonzo, M.D.