

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90094 002 ***150.00

DOCUMENT # V23772

1. Entity Name

SERGIO MAX RODRIGUEZ JR. M.D. P.A.

Principal Place of Business

Mailing Address

7500 SW 8 ST
 STE 201
 MIAMI FL 33144
 US

7500 SW 8 ST
 STE 201
 MIAMI FL 33144
 US

2. Principal Place of Business

777 East 25 ST.

3. Mailing Address

777 East 25 ST.

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

Hialeah FL.

City & State

Hialeah FL.

Zip

33013

Country

DADE.

Zip

33013

Country

DADE.

6. Name and Address of Current Registered Agent

4. FEI Number **65-0322997**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

777 East 25 ST. STE 210

City **Hialeah**

FL

Zip Code

33013.

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

1/29/01

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, 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 **D** ☐ Delete
 NAME **RODRIGUEZ, SERGIO MAX JR**
 STREET ADDRESS **7999 SW 67TH TERR**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS **SERGIO MAX RODRIGUEZ, JR., M.D., P.A.**
 CITY-ST-ZIP **777 East 25 Street, Suite 210**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS **Hialeah, Florida 33013**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01 (305) 691 3505

CR2E034 (10/00)