

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90026 021 ***158.75

DOCUMENT # S72819

1. Entity Name

ANTONIO MORA, M.D., P.A.

Principal Place of Business

**1435 W 49 PL
 SUITE 305
 HIALEAH FL 33012
 US**

Mailing Address

**1090 MEADOW LARK AVE
 MIAMI SPRINGS FL 33166**

629280



2. Principal Place of Business

3. Mailing Address

1435 W. 49th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

City & State

City & State

Hialeah, FL

4. FEI Number

65-0340977

Applied For

Not Applicable

Zip

Country

Zip

Country

33012

US

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

Name

Antonio Mora

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

1435 W. 49th Street, # 305

City

Hialeah

FL

Zip Code

33012

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]

4/1/02

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 **PD** ☐ Delete
 NAME **MORA, ANTONIO**
 STREET ADDRESS **1090 MEADOWLARK AVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Antonio Mora**
 STREET ADDRESS **1435 West 49th Place, Suite 305**
 CITY-ST-ZIP **Hialeah, FL 33012**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

305-559-3600

Daytime Phone #

CR2E034 (9/01)