

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90197 028 ***150.00

DOCUMENT # 462104

1. Entity Name
JOSE CARLOS SUAREZ DIAZ, M.D., P.A.



Principal Place of Business
**2921 S MIAMI AVE
MIAMI FL 33129**

Mailing Address
**2921 S MIAMI AVE
MIAMI FL 33129**

2. Principal Place of Business

5971 S.W. 84 Street

3. Mailing Address

5971 S.W. 84 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-1559894

Applied For

Not Applicable

Zip

Country

33143

U.S.A.

Zip

Country

33143

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUARES-DIAZ, JOSE
2921 S MIAMI AVE
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name **Jose C. Suarez Diaz**
Street Address (P.O. Box Number is Not Acceptable)
5971 South West 84 Street
City **Miami** FL Zip Code **33143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SUAREZ DIAZ, JOSE CARLOS**
STREET ADDRESS **2945 S. MIAMI AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Suarez Diaz Jose Carlos**
STREET ADDRESS **5971 South West 84 Street**
CITY-ST-ZIP **Miami, FL 33143**

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

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **Jan 20 2003** Daytime Phone # **305 668 0805**

CR2E034 (10/02)