

2000 UNIFORM BUSINESS REPORT (UBR)

3/6/00-90044-044-\$158.75-\$158.75

DOCUMENT # **464157** ✓

1. Entity Name

C. VIRGINIA BARROCAS M.D. AND ASS P.A.

Principal Place of Business

Mailing Address

271 ISLAND DR KEY BISCAYNE FLA

2. Principal Place of Business

271 ISLAND DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY BISCAYNE

City & State

FLORIDA

Zip

33149

Country

DADE

Zip

Country

4. FEI Number

59-1560914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0027307

00 MAR 31 PM 3:11

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

MIAMI, FLORIDA

FL

Zip Code

MANUEL ZAIAE

2350 N.E. NATIONS BANK BUILD.

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 **MANUEL ZAIAE**

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, 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 **DIRECTOR** ☐ Delete
NAME **C. VIRGINIA BARROCAS M.D.**
STREET ADDRESS **271 ISLAND DR**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149** ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

C. Virginia Barrocas MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.28.00

Date

Daytime Phone #

CR2E034 (9/99)