

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90028 038 ***150.00

DOCUMENT # 477087

1. Entity Name

JUAN D. SANABRIA, M.D., P.A.

Principal Place of Business

Mailing Address

1429 LAKELAND HILLS BLVD.
 LAKELAND FL 33805
 US

P. O. BOX 91569
 LAKELAND FL 33804-1569
 US

714663



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5821 Poinciana Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland, FL

4. FEI Number

59-1595734

Applied For

Not Applicable

Zip

Country

Zip

Country

33809

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANABRIA, JUAN D.
 1429 LAKELAND HILLSBLVD
 LAKELAND FL**

Name

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

5821 Poinciana Ave.

City

Lakeland

FL

Zip Code

33809

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SANABRIA, JUAN D. PO BOX 91569 NA LAKELAND FL 69	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Juan Sanabria **JUAN SANABRIA**

Date

Daytime Phone #

2-10-00