

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 478543

1. Entity Name

MARVIN DIAZ-LACAYO, M.D., P.A.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90092 042 \*\*\*150.00

Principal Place of Business

Mailing Address

2500 E HALLANDALE BEACH BLVD  
 #811  
 HALLANDALE FL 33009  
 US

2500 E HALLANDALE BEACH BLVD  
 #811  
 HALLANDALE FL 33009-4841  
 US

2. Principal Place of Business

3. Mailing Address

21150 BISCAYNE BLVD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State  
 AVENTURA FL

City & State

Zip Country  
 33180 USA

Zip Country

4. FEI Number 59-1594922

Applied For  
 Not Applicable

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

DIAZ-LACAYO, MARVIN, M.D.  
 2500 E HALLANDALE BEACH BLVD  
 #811  
 HALLANDALE FL 33009

Name

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

SAME AS #2 ABOVE

City

FL

Zip Code

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 PD ☐ Delete  
 NAME DIAZ-LACAYO MARVIN MD  
 STREET ADDRESS 2500 E HALLANDALE BEACH BLVD STE 811  
 CITY-ST-ZIP HALLANDALE FL

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS ADDRESS IS SAME AS #2 ABOVE  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: ✓

**NOTAR REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-27-00

Date

Daytime Phone #

CR2E034 (9/99)