

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90070 002 ***150.00

DOCUMENT # 523209

1. Entity Name
RAFAEL A. SOTO, M.D., P.A.

Principal Place of Business

Mailing Address

~~13361 SW 2ND ST
 FL 33184~~

~~13361 SW 2ND ST
 MIAMI FL 33140-4551~~

LUU52049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

161 Washington Ave.
 Suite, Apt. #, etc.

161 Washington Ave.
 Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number **59-1716520**

Applied For
 Not Applicable

Zip *33139* County *USA*

Zip *33139* Country *USA*

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

RAMIREZ, JUAN JR
301 ALMERIA AVE SUITE 8+7-B
CORAL GABLES FL

Name

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

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTO, MARIA TERESA 13361 SW 2ND ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maria Teresa Soto* **MARIA TERESA SOTO** *02/29/00* *(305) 672-7635*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #

CR2E034 (9/99)