

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 553847

1. Entity Name

JACOBS, COHN & SUAREZ, M.D., P.A.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90059 001 ***158.75

Principal Place of Business

Mailing Address

5222 NORTH BAY RD
MIAMI BEACH FL 33140
US

5222 NORTH BAY RD
MIAMI BEACH FL 33140-2011
US

2. Principal Place of Business

4302 Alton Road

3. Mailing Address

2999 N.E. 191 Street

Suite, Apt. #, etc.

Suite 530

Suite, Apt. #, etc.

Suite 905

City & State

Miami Beach, FL

City & State

Aventura, Florida

Zip

33140

Country

U.S.A.

Zip

33180

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1769069

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, RICHARD F MD M
5222 NORTH BAY RD
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

Manuel A. Suarez-Barcelo, M.D.

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

12885 Maple Road

City

North Miami

FL

Zip Code

33181

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

TITLE PD
NAME JACOBS, RICHARD F.
STREET ADDRESS 5222 NORTH BAY RD
CITY-ST-ZIP MIAMI BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M
NAME Manuel A. Suarez-Barcelo, M.D. ☐ Change ☒ Addition
STREET ADDRESS 12885 Maple Road
CITY-ST-ZIP North Miami, FL 33181

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #