

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 571198

1. Entity Name

ALIRIO ROJAS, M.D., P.A.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90036 027 ***150.00

Principal Place of Business

800 E. CYPRESS CK. RD.
SUITE 300
FT. LAUDERDALE FL 33334

Mailing Address

800 E. CYPRESS CK. RD.
SUITE 300
FT. LAUDERDALE FL 33334-3522

2. Principal Place of Business

2825 N. STATE Rd. 7

3. Mailing Address

2825 N. STATE Rd. 7

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City & State

Margate, FL

City & State

Margate, FL

Zip

33063

Country

U.S.A.

Zip

33063

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1871983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROJAS, ALIRIO
800 E. CYPRESS CREEK RD.
SUITE 300
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

ALIRIO ROJAS

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

2825 N. STATE Rd. 7

Suite 207

City

Margate

FL

Zip Code

33063

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 | PT | <input type="checkbox"/> Delete |
| NAME | ROJAS, ALIRIO | |
| STREET ADDRESS | 800 E. CYPRESS #300 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ROJAS, ALIRIO | |
| STREET ADDRESS | 800 E. CYPRESS #300 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | PT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROJAS, ALIRIO | |
| STREET ADDRESS | 2825 N. STATE Rd. 7, Suite #207 | |
| CITY-ST-ZIP | MARGATE, FL 33063 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROJAS, ALIRIO | |
| STREET ADDRESS | 2825 N. STATE Rd. 7, Suite #207 | |
| CITY-ST-ZIP | MARGATE, FL 33063 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-2000 (954) 984-0205

CR2E034 (9/99)