

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 575911

1. Entity Name

RAFAEL S. PASCUAL, M.D., P.A.

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

04-10-2000 90073 023 ***150.00

Principal Place of Business

5800 49TH ST. N.
ST. PETERSBURG FL 33709

Mailing Address

5800 49TH ST. N.
ST. PETERSBURG FL 33709-2146

2. Principal Place of Business

6218 FAIRWAY BLVD. S

Suite, Apt. #, etc.

3. Mailing Address

6218 FAIRWAY BAY BLVD. S

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GULFPORT FL.

Zip
33707

Country
PINELLAS

City & State

GULFPORT FL.

Zip
33707

Country
PINELLAS

4. FEI Number

59-1823757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASCUAL, RAFAEL S
5800 49TH STREET NORTH
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

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

6218 FAIRWAY BAY BLVD. S

City

GULFPORT

FL

Zip Code

33707

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 RAFAEL S. PASCUAL, M.D.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/00

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 PSD
NAME PASCUAL, RAFAEL S
STREET ADDRESS 5800 49TH ST N
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME PASCUAL, RAFAEL S.
STREET ADDRESS 6218 FAIRWAY BAY BLVD. S
CITY-ST-ZIP GULFPORT, FL. 33707 ☒ 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

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 #

4/4/00

727-347-6405

CR2E034 (9/99)