

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90301 008 ***150.00

DOCUMENT # 592205

1. Entity Name

CONSTANTINO E. PENA, M.D., P.A.

Principal Place of Business

Mailing Address

201 CRANDON BLVD #174
 KEY BISCAYNE FL 33149

201 CRANDON BLVD #174
 KEY BISCAYNE FL 33149-1517

602393



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

785 Crandon Blvd
 Suite, Apt. # etc.
 Club Tower II #904

3. Mailing Address

785 Crandon Blvd
 Suite, Apt. # etc.
 Club Tower II #904

City & State

Key Biscayne

City & State

Key Biscayne

4. FEI Number

59-1853357

Applied For

Not Applicable

Zip

Country

FL 33149

Zip

Country

FL 33149

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

PENA, CONSTANTINO E.
 3663 S. MIAMI AVENUE
 MIAMI FL 33133

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PENA, CONSTANTINO E.	
STREET ADDRESS	3663 SOUTH MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: Constantino E. Pena CONSTANTINO E. PENA 1/10/2000 305-361-9222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)