

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603083

1. Entity Name

DENIO O. FONSECA M.D., P.A.

Principal Place of Business

Mailing Address

2000 S W 27 AVE
MIAMI FL 33145

2000 S W 27 AVE
MIAMI FL 33145-2546

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1359310

Applied For

Not Applicable

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

FONSECA, DENIO O
2000 SW 27TH AVE #201
MIAMI FL 33145

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 fee (if applicable)

NOTE: Registered Agent's signature required when not in state

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, 2001 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	☐ Delete
NAME	FONSECA, DENIO O	
STREET ADDRESS	2000 SW 27TH AVE #201	
CITY-STATE-ZIP	MIAMI FL 33145	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

13. I hereby certify that the information provided on this report is true and accurate, and I am a duly authorized officer or director of the corporation. I understand that the information provided on this report is subject to audit by the Department of State. If the information provided on this report is found to be false or misleading, I understand that I may be subject to criminal and civil penalties. I understand that the information provided on this report is subject to audit by the Department of State. If the information provided on this report is found to be false or misleading, I understand that I may be subject to criminal and civil penalties.

Denio O. Fonseca, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90127 048 ***150.00



DO NOT WRITE IN THIS SPACE