

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 603974**

1. Entity Name

JUAN R. CANALS M.D. PA**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90130 014 ***150.00

Principal Place of Business

Mailing Address

250-63RD ST.
10-B
MIAMI BEACH FL 33141250-63RD ST.
10-B
MIAMI BEACH FL 33141-5801

2. Principal Place of Business

1680 Michigan Avenue

3. Mailing Address

1680 Michigan Avenue

Suite, Apt. #, etc.

Suite 816

Suite, Apt. #, etc.

Suite 816

City & State

Miami Beach, FL 33139

City & State

Miami Beach, FL 33139

4. FEI Number

59-1438865

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CANALS, JUAN R., M.D.
250 63RD ST
STE 10B
MIAMI BEACH FL 33141

Name

Juan R. Canals, M.D.

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

1680 Michigan Avenue, Suite 816

City

Miami Beach

FL

Zip Code
33139

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

X Juan R. Canals

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*X 1-27-2000*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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME CANALS, JUAN R.
STREET ADDRESS 250 63RD ST, #10B
CITY-ST-ZIP MIAMI BEACH FLTITLE V ☐ Delete
NAME RUBI, MARIA
STREET ADDRESS 8450 SW 27TH LANE
CITY-ST-ZIP MIAMI FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☒ Change ☐ Addition
NAME CANALS, JUAN R.
STREET ADDRESS 1680 MICHIGAN AVENUE, SUITE 816
CITY-ST-ZIP MIAMI BEACH, FL 33139TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *X Juan R. Canals*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*X 1-27-2000* 305-538-5336
Date Daytime Phone #