

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90025 032 \*\*\*150.00

**DOCUMENT # 604656**

**1. Entity Name**  
**JORGE A. VALLEJO, M.D., INC.**

**Principal Place of Business** **Mailing Address**  
~~4765 W. 8TH AVE. 3RD FL~~ ~~4765 W. 8TH AVE. 3RD FL~~  
~~HIALEAH FL 33012~~ ~~HIALEAH FL 33012~~  
**HIALEAH MEDICAL PLAZA** **HIALEAH MEDICAL PLAZA**  
**777 EAST 25th St. Suite 203** **777 EAST 25th St. Suite 203**  
**HIALEAH FLA 33013** **HIALEAH FLA 33013**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>59-1485758</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State				<input type="checkbox"/> <b>Not Applicable</b>	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>VALLEJO (JORGE A.) M.D.</b> <del>4765 W. 8TH AVE. 3RD FL</del> <b>Hialeah medical Plaza</b> <del>PO BOX 11</del> <b>777 East 25 Street, Suite 203</b> <b>HIALEAH FL 33012 33013</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALLEJO, JORGE A			NAME			
STREET ADDRESS	8375 W. 18TH LANE DR.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALLEJO, GISELA			NAME			
STREET ADDRESS	8375 W. 18TH LANE DR.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALLEJO, JORGE A.			NAME			
STREET ADDRESS	8375 W. 18TH LANE DR.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 # \_\_\_\_\_

CR2E034 (9/01)