

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90064 042 \*\*\*150.00

**DOCUMENT # 604756**

1. Entity Name  
**MARCOS A. ZEQUEIRA M.D., P.A.**

Principal Place of Business

**7100 W. 20TH AVE.  
 SUITE 806  
 HIALEAH FL 33016**

Mailing Address

**7100 W. 20TH AVE.  
 SUITE 806  
 HIALEAH FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1491925**

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

**ZEQUEIRA, MARCOS  
 7100 W 20TH AVE STE 806  
 HIALEAH FL 33016**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **P** ☐ Delete  
 NAME **ZEQUEIRA, MARCOS**  
 STREET ADDRESS **7100 W 20TH AVE STE 806**  
 CITY-ST-ZIP **HIALEAH FL**

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

TITLE **D** ☐ Delete  
 NAME **CAMPBELL, DONNA**  
 STREET ADDRESS **7100 W 20TH AVE, S806**  
 CITY-ST-ZIP **HIALEAH, FL 33016**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/21/2002 305-557-3211**  
 Date Daytime Phone #

CR2E034 (4/02)

*Attachment*  
*# 604756*  
*124408*

**Marcos A. Zequeira, M.D., F.A.C.S.**

**José Font, M.D., F.A.C.S.**

*Thoracic and Cardiovascular Surgery*

*7100 W. 20th Avenue, Suite 806*

*Hialeah, Florida 33016*

*(305) 557-3211*

*Fax (305) 557-3261*

July 30, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: ~~MARCOS A. ZEQUEIRA MD; PA -Document # 604756~~

Dear Madame or Sir:

Enclosed please find executed UBR, and a check in the amount of \$150.00 for application.

For over twenty years I have been filing these reports in a timely fashion, however, this year I did not receive the originals. I would greatly appreciate it if you would consider waiving the penalty, due to my past filing records.

Thank you for your kind consideration.

Sincerely,



Marcos A. Zequeira, M.D.

MAZ:bac

enclosures