

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 632266

1. Entity Name

J.A. CRUZ, M.D., P.A.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90405 028 ***150.00

0222009

Principal Place of Business

8740 N KENDALL DR., SUITE 215
MIAMI FL 33176

Mailing Address

8740 N KENDALL DR., SUITE 215
MIAMI FL 33176

00004000

2. Principal Place of Business

1540 WASHINGTON AVE

3. Mailing Address

8785 S.W. 61th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

MIAMI FL

4. FEI Number

59-1924502

Applied For

Not Applicable

Zip

33139

Country

DANE

Zip

33143

Country

DANE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, JOSE A MD
8740 N. KENDALL DR., SUITE 215
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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

8785 S.W. 61th PLACE

City

MIAMI

FL

Zip Code

33143

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME CRUZ, JOSE A MD
STREET ADDRESS 8710 N KENDALL DR
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8785 S.W. 61th PLACE
CITY-ST-ZIP MIAMI FL 33143

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

4-30-01 305-534-1755

CR2E034 (10/00)