2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

636332

1. Entity Name

DOCUMENT #

FRANCISCO I CLIELLO M.D. P.A.

THAITOIGGO G. GOLLLO, M.S., I .A.										
Principal Plac 351 N.W. LE . SUITE 307 MIAMI FL 331: US	JEUNERD	S	Mailing Address 2131 S.W. 97TH COURT MIAMI FL 33165							
Principal Place of Business 3. Mailing Address					ddress					BILL OBII IN
Suite, Apt. #, etc.				Suite, Apt. #, etc.					a- -	_
							☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. FEI Number 59-1943856 Applied For Not Applicable			
Zip Country			Zip Coun			itry	- 5:- Certificate of Status Desired \$8.75 - Additional Fee Required			dditional
	6. Name	and Address of Curren	t Registere	ed Agent			7. 1	Name and Address of New Registered Age	nt	
						Name		•	_	
CUELLO, FRANCISCO J. M.D.				Street Addre			(P.O. Box Number is Not Acceptable)			
2131 S.W. 97 CT. MIAMI FL 33165										
MENT I	00100					City			Zip Co	ode
	tions of regist		or tne purp	ose of changing its	registere	ed office or register	rea ag	ent, or both, in the State of Florida. I am fami	ııar wıtı	n, and accept
SIGNATURE	Cincolnus based	or printed name of registered agen		liankla (NOTE	. D. Jatara	d Agent signature required		pinstating) DATE		
			and title it app	incapie. (NOTE	registere	a water signature reduier	J WHEIT IE	missaury)		
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department (State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.		OFFICERS AND	DIRECTO	RS	11.		ΑD	DITIONS/CHANGES TO OFFICERS AND DIF	RECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RANCISCO J. 97TH COURT	-	☐ Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		FRANCISCO J. 97TH COURT		☐ Delete					Change	Addition
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TITLE NAME		· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE	i i			Change	Addition

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90214 034 ***150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

305-54-8600

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND