

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674661

1. Entity Name

LEON, CASTILLO, BLACHAR & BRASAC, M.D., P.A.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90088 036 ***150.00

Principal Place of Business

Mailing Address

2601 S.W. 27 AVENUE.
MIAMI FL 33133

2601 S.W. 27 AVENUE.
MIAMI FL 33133-3004

2. Principal Place of Business

3. Mailing Address

4302 Alton Rd #580

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#580

City & State

City & State

Miami Beach, FL 33140

Zip

Country

Zip

Country

33140

Dade

4. FEI Number

59-2003879

Applied For

Not Applicable

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

CASTILLO, MELVIN E.
2601 SW 27 AVENUE
MIAMI, FL
33133

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.

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

(NOTE: Registered Agent signature required when reinstating)

1/18/2000
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DPT	<input type="checkbox"/> Delete
NAME	CASTILLO, MELVIN E	
STREET ADDRESS	2601 SW 27 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLACHAR, LEONARDO	
STREET ADDRESS	2601 SW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAS	<input checked="" type="checkbox"/> Delete
NAME	LEON, GUILLERMO N.	
STREET ADDRESS	2601 S.W. 27 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BRASAC, PEDRO	
STREET ADDRESS	2601 SW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Melvin Castillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2000

CR2E034 (9/99)