

**FOR PROFIT CORPORATION 2002  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90323 017 \*\*\*158.75

DOCUMENT # 690822

1. Entity Name

Armando M. Fleites M.D., P.A

**DO NOT WRITE IN THIS SPACE**

635642

2. Principal Place of Business

434 SW 12th Ave

3. Mailing Address

434 SW 12th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 201

# 201

City & State

Miami, FL

City & State

Miami, FL

Zip

33130

Country

USA

Zip

33130

Country

USA

4. FEI Number

59-2104899

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Fleites, Armando MD

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

434 SW 12th Ave

# 201

City

Miami

FL

Zip Code

33130

**DO NOT WRITE  
IN THIS SPACE**

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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January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PST	Fleites, Armando M. MD	434 SW 12th Ave # 201	Miami, FL 33130
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Armando M. Fleites*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

305-553-4333

Daytime Phone #