

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90041 018 \*\*\*150.00

0193-3

**DOCUMENT # F00000004560**

1. Entity Name  
**JOSE R. MELLADO D.M.D., P.A.**

Principal Place of Business  
**7685 SW 104TH ST., STE 220  
 MIAMI FL 33156**

Mailing Address  
**7685 SW 104TH ST., STE 220  
 MIAMI FL 33156**

110400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**299 Alhambra Circle**  
 Suite, Apt. #, etc. **#302**  
 City & State **Coral Gables Fl.**  
 Zip **33134** County **Dade**

Suite, Apt. #, etc.  
 City & State

4. FEI Number **65-0975547** 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

**WOLASKY, MARJORIE E**  
**7685 S.W. 104TH STREET, #220**  
**MIAMI FL 33156**

Name **Robert L. Bloomfield P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **1601 N. Palm Ave #2031**  
 City **Pembroke Pines FL** Zip Code **33026**

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 **2/7/01**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PCD MELLADO, JOSE R</b>	<b>6767 COLLINS AVE., #1506</b>	<b>MIAMI BEACH FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 # **441-0302**

CR2E034 (10/00)