

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90159 019 ***550.00

DOCUMENT # F00000004560

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

Principal Place of Business
299 ALHAMBRA CIRCLE
#202
CORAL GABLES FL 33134

Mailing Address
7885 SW 104TH ST STE 230
MIAMI FL 33158



2. Principal Place of Business

3. Mailing Address
299 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

202
CORAL GABLES, FL

4. FEI Number **65-0975547**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

33134 **USA**

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

BLOOMFIELD, ROBERT L PA
1601 N. PALM AVE #2031
PEMBROKE PINES FL 33026

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **9/3/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PCD	<input checked="" type="checkbox"/> Delete
NAME	MELLADO, JOSE R	
STREET ADDRESS	6767 COLLINS AVE., #1506	
CITY-ST-ZIP	MIAMI BEACH 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"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mellado, Jose R.	
STREET ADDRESS	6301 Collins Ave., #2005	
CITY-ST-ZIP	Miami Beach, FL 33141	
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		
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		
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 another firm empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/3/02** Daytime Phone #

CR2E034 (4/02)

del Amo
**del Amo
& Mellado**
PERIODONTICS

FOOOOOO4560

R. Eduardo del Amo, D.M.D.
Juan Carlos López, D.M.D., M.D.S.
José R. Mellado, D.M.D., M.S.*

*Diplomate, American Board of Periodontology

September 18, 2002

Uniform Business Report
Division Of Corporations
P.O. BOX 1500
Tallahassee, Florida 32302-1500

To whom it may concern:

Please be adviaed that on September 3rd, I mailed the report and payment, but the U.S. postal service returned the reports envelope with the original check missing that was inside. I am enclosing the envelope and a new check for the amount of \$550.00.

The other check # 1129, I had to put a stop payment. If you should have any further questions, please do not hesitate to give me a call at (305) 558-2200.

I thank you for your cooperation.

Sincerely,


JOSE R. MELLADO

JRM/bl