

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90042 041 ***150.00

DOCUMENT # F36086

1. Entity Name

JORGE A. MELENDEZ, M.D., P.A.

Principal Place of Business

P.O. BOX 273140
 TAMPA FL 33688-3140

Mailing Address

P.O. BOX 273140
 TAMPA FL 33688-3140

2. Principal Place of Business

4510 Old Orchard Drive
 Suite, Apt. #, etc.

3. Mailing Address

4510 Old Orchard Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, Florida

City & State

TAMPA - Florida

4. FEI Number

59-2094856

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MELENDEZ, JORGE A

4710 N HABANA AVE #404

TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

melendez, Jorge A.

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

4510 Old Orchard Drive

City

TAMPA

FL

Zip Code

33624

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)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MELENDEZ, JORGE A 4710 N HABANA AVE TAMPA, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELENDEZ, JORGE A 4710 N HABANA AVE TAMPA, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT melendez, Jorge A. 4510 Old Orchard Drive TAMPA - Florida 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S melendez, Jorge A. 4510 Old Orchard Drive TAMPA, Florida 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. 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: **X Jorge A. Melendez, M.D., P.A.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/15/02

Daytime Phone # 813-969-2006

CR2E034 (9/01)