

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F39367

Entity Name

JOSE C. MONTES, M.D., P.A.

**FILED**  
Feb 23, 2000 8:00 am  
Secretary of State

02-23-2000 90031 023 \*\*\*150.00

Principal Place of Business

Mailing Address

BERRYHILL RD  
FL 32570

1504 BERRYHILL RD  
MILTON FL 32570-4009

Principal Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number

59-2094625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTES, JOSE M  
1504 BERRYHILL RD.  
MILTON FL 32570

Name

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

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

The corporation is eligible to satisfy its Intangible  
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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>PD MONTES, JOSE C 1504 BERRYHILL ROAD MILTON, FL 00000</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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 furnished 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 applicable, 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 #

1-27-00

CR2E034 (9/99)