

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90176 035 \*\*\*150.00

**DOCUMENT # F60777**

1. Entity Name  
**ROBERT F. DE LUCA, M.D., P.A.**

Principal Place of Business  
**1536 VENERA AVENUE**  
**CORAL GABLES FL 33146**

Mailing Address  
**1536 VENERA AVENUE**  
**CORAL GABLES FL 33146**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number **59-2151675**  
 Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**DELUCA, ROBERT F M.D.**  
**1536 VENERA AVENUE**  
**CORAL GABLES FL 33146**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and this 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVT</b> <b>DE LUCA, ROBERT F MD</b> <b>1536 VENERA AVENUE</b> <b>CORAL GALBES FL 33146</b>	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
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; 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: **ROBERT F. DE LUCA** DATE: **7-9-02** DAYTIME PHONE: **305 663-2620**

CR2E034 (4/02)

Attachment

ROBERT F. DeLUCA, F.A.C.G., F.A.C.P.  
INTERNAL MEDICINE-GASTROENTEROLOGY

TELEPHONE 1536 VENERA AVENUE  
(305) 663-2620 CORAL GABLES, FLORIDA 33146

July 23, 2002

Florida Department of State  
Division of Corporations  
P.O. BOX 1500  
Tallahassee, Florida 32302-1500

Re: Robert F. De Luca, M.D., P.A.  
Reference #F60777

1675864

Dear Sir or Madam:

Enclosed please find the completed 2002 Annual Report/Uniform Business Report, you will also find a check payable to the Department of State for \$150.00.

We respectfully request a waiver of the \$400 late fee, in view of the fact that the corporation did not receive a prior notice.

I certify that the information provided in this supplemental statement is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer and director of the corporation empowered to execute this statement as required under Chapter 607, of the Florida Statutes; and that my name appears at the bottom of this statement.

Very truly yours,

Robert F. De Luca MD  
Robert F. De Luca, President

7/23/02  
Date

Enclosures



*Attachments*

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

July 16, 2002

ROBERT F. DE LUCA, M.D., P.A.  
1536 VENERA AVENUE  
CORAL GABLES, FL 33146

Subject: **ROBERT F. DE LUCA, M.D., P.A.**

Reference Number:

F60777 / 1675564

Please be advised, we have received your annual report/uniform business report however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jn  
ANNUAL REPORTS SECTION

*New received!*

*7/17/02*  
*4/4*  
*2w*  
*↑*