

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F71596

1. Entity Name

TERRENCE J. BARRY, M.D., P.A.

Principal Place of Business

7100 WEST 20TH AVE #111
PALMETTO MEDICAL PLAZA
HIALEAH FL 33016

Mailing Address

7100 WEST 20TH AVE #111
PALMETTO MEDICAL PLAZA
HIALEAH FL 33016

2. Principal Place of Business

7100 WEST 20 Ave #411

3. Mailing Address

Suite, Apt. #, etc.

City & State

HIALEAH

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2168537

Applied For

Not Applicable

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

A0073845



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TARDUGNO, SANDRA
C/O ANGELIDES, HINDS, ET AL
7100 WEST 20TH AVENUE SUITE 101
HIALEAH FL 33016

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 PST
NAME BARRY, TERRENCE J
STREET ADDRESS 7100 W 20TH AVE STE 111
CITY-ST-ZIP HIALEAH FL

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)