

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F73257
Entity Name
JUAN H. IZNAGA, M.D. P.A.

FILED
Sep 06, 2000 8:00 am
Secretary of State
09-06-2000 90092 015 ***150.00

Legal Place of Business Mailing Address
SW 1ST STREET 1244 SW 1ST STREET
FL 33135 MIAMI FL 33135-2402



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 59-2183443 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, FRANK H
2153 CORAL WAY, SUITE 401
MIAMI FL 33145

7. Name and Address of New Registered Agent
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	
ADDRESS	PST IZNAGA, JUAN H 236 COSTANERA ROAD CORAL GABLES FL	TITLE	Change Addition
ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS	VD IZNAGA, JUAN H. 236 COSTANERA ROAD CORAL GABLES FL	TITLE	Change Addition
ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS		TITLE	Change Addition
ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS		TITLE	Change Addition
ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS		TITLE	Change Addition
ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

I 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 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: 1/8/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Phone #

CR2E034 (9/99)

Juan H Iznaga MD

attachment doc #

F 73257
DW83736

1244 SW FIRST STREET
MIAMI FLORIDA 33135
DADE

Phone 305 541 7083
Fax 305 541 6897

August 28, 2000

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, Fla. 32302-1500

Re:UBR Payment lost on mail.

To Whom It May Concern:

I am enclosing again payment for the Anual UBR. Apparently this payment was lost on mail. I am enclosing also copy of the check that was send previously to your offices as you can see this check was send previously on January of this year.

If you have any question please feel free to contact our offices at 305 541 7083

Thank you in advance for your cooperation in this matter.

Sincerely Yours,



Office Manager