

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
03-26-2001 90001 030 \*\*\*150.00

**DOCUMENT # F82299**

1. Entity Name  
**RODOLFO CAPOTE, M.D., P.A.**

Principal Place of Business  
**9010 GARDEN GLEN CIR.  
P.O. BOX 10567, RIVIERA BCH. FL.  
PALM BCH GRDNS FL 33419-1698**

Mailing Address  
**9010 GARDEN GLEN CIR.  
P.O. BOX 10567, RIVIERA BCH. FL.  
PALM BCH GRDNS FL 33419-1698**

2. Principal Place of Business  
**9010 GARDENS GLEN CIR.**

3. Mailing Address  
**9010 GARDENS GLEN CIR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PALM BEACH GARDENS FL**

City & State  
**PALM BEACH GARDENS FL**

4. FEI Number **59-2188669**

Applied For  
Not Applicable

Zip  
**33418**

Country  
**USA**

Zip  
**33418**

Country  
**USA**

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

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

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

**CAPOTE, RODOLFO MD  
9010 GARDEN GLEN CIRCLE  
PALM BCH GRDNS FL 33418**

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 **Rodolfo Capote M.D. P.A.**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3/21/01**  
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, 2001 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**

**11. OFFICERS AND DIRECTORS**

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	<b>CAPOTE, RODOLFO</b>	
STREET ADDRESS	<b>9010 GARDEN GLEN CIR.</b>	
CITY-ST-ZIP	<b>PALM BCH GRDNS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Rodolfo Capote M.D. P.A.** **3/21/01 (561) 775-0350**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)