

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90140 038 ***150.00

DOCUMENT # F82299

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

Principal Place of Business
**9010 GARDEN GLEN CIR.
 PALM BEACH GARDENS FL 33418**

Mailing Address
**9010 GARDEN GLEN CIR.
 PALM BEACH GARDENS FL 33418**

010013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9010 GARDENS GLEN CIR

3. Mailing Address
9010 GARDENS GLEN CIR

Suite, Apt. #, etc.
0

Suite, Apt. #, etc.
0

City & State
Palm Beach Gardens, FL

City & State
Palm Bch. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rodolfo Capote P.A.**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 OF REGISTERED AGENT**

July 25/02 561-6X-0539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment

979013

Rodolfo Capote, M.D., P.A.
9010 Gardens Glen Cr.
Palm Beach Gardens, Fl. 33418

August 12, 2002

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

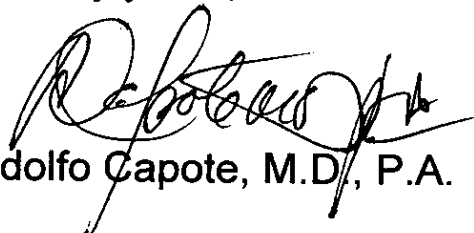
Re: Document # F82299 FEI # 59-2188669

To whom it may concern:

After my telephone conversation today regarding the above document, please let it be known that I received this form on July 28, 2002 and I feel that I should not be penalize on late fees as I have always paid my taxes on time. As per the telephone conversation enclosed please find \$150.00 fee as advised and I would greatly appreciate the late fee of \$550.00 waved.

Awaiting your prompt reply.

Cordially yours,


Rodolfo Capote, M.D., P.A.