

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F88853

1. Entity Name

CAROLINE MANASSA, M.D., P.A.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90151 002 ***150.00

Principal Place of Business

Mailing Address

9240 SUNSET DR
227
MIAMI FL 33173
US

9240 SUNSET DR
227
MIAMI FL 33173-3264
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2257340**

Applied For
Not Applicable

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

MANASSA, CAROLINE
6850 SW 90 CT.
MIAMI FL 33173

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 \$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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete

NAME **MANASSA, CAROLINE**

STREET ADDRESS **6850 SW 90 CT.**

CITY-ST-ZIP **MIAMI FL 33173**

TITLE **S/T** ☐ Delete

NAME **MANASSA, THOMAS**

STREET ADDRESS **6850 SW 90 CT.**

CITY-ST-ZIP **MIAMI FL 33173**

TITLE **-** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **-** ☐ Delete

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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: Caroline Manassa-M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 (305) 595-4624
Date Daytime Phone #