

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F89090

1. Entity Name

A.J. AGUILAR, M.D., P.A.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90059 001 \*\*\*150.00

Principal Place of Business

Mailing Address

4144 N. ARMENIA AVE., SUITE 240  
TAMPA FL 33607

4144 N. ARMENIA AVE., SUITE 240  
TAMPA FL 33607-6447

2. Principal Place of Business

5118 W SAN JOSE ST

Suite, Apt. #, etc.

3. Mailing Address

5118 W SAN JOSE ST

Suite, Apt. #, etc.

City & State

TAMPA

FL

City & State

TAMPA

FL

Zip

33629

Country

U.S.A.

Zip

33629

Country

U.S.A.

4. FEI Number

59-2203774

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

AGUILAR, ALEJANDRO J., M.D.  
4144 N. ARMENIA AVE. #240  
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

5118 W SAN JOSE ST.

City

TAMPA

FL

Zip Code

33629

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 PD ☐ Delete  
NAME AGUILAR, ALEJANDRO J  
STREET ADDRESS 4144 N. ARMENIA AVE #240  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 5118 W SAN JOSE ST  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. MICHAEL MORRIS/ACCOUNTANT 5/01/00 813/985-1148

CR2E034 (9/99)