

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F89610

1. Entity Name

PREGEN, TELLECHEA AND SCHOBEL, M.D., P.A.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90478 010 \*\*\*150.00

Principal Place of Business

1190 NW 95TH STREET  
SUITE 305  
MIAMI FL 33150

Mailing Address

1190 NW 95TH STREET  
SUITE 305  
MIAMI FL 33150-2066

2. Principal Place of Business

7480 Fairway Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2215986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TELLECHEA, CARLOS M.D.  
1190 NW 95TH STREET  
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name

Ruth Schobel, MD

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

7480 Fairway Dr. #202

City

Miami Lakes

FL

Zip Code

33014

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

Ruth Schobel

Ruth Schobel

4/21/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TELLECHEA, CARLOS	
STREET ADDRESS	1190 NW 95TH ST #305	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREGEN, SAMSON	
STREET ADDRESS	1190 NW 95TH ST #305	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOBEL, RUTH	
STREET ADDRESS	1190 NW 95TH ST #305	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUIROS, MARIO	
STREET ADDRESS	1190 NW 95TH ST, SUITE 305	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7480 Fairway Dr. #202	
CITY-ST-ZIP	Miami Lakes, FL. 33014	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7480 Fairway Dr. #202	
CITY-ST-ZIP	Miami Lakes, FL. 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Straus-Furlong	
STREET ADDRESS	7480 Fairway Dr. #202	
CITY-ST-ZIP	Miami Lakes, FL. 33014	
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:

Ruth Schobel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

305 5568167

Daytime Phone #