

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G03275**

1. Entity Name
MANUEL M. MORLOTE, M.D., P.A.

Principal Place of Business
**330 SW 27TH AVE
701
MIAMI FL 33135**

Mailing Address
**5323 SW 102 N COURT
MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

5223 S.W. 102ND COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI - FL - 33165

Zip

Country

Zip

Country

33165

DADE

4. FEI Number

59-2234479

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

**CRESPO, MANUEL A., ESQ
2650 S.W. 27TH AVE., S-3A-8
MIAMI FL 33133**

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 \$550.00
After September 12, 2001 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 **PD** ☐ Delete
NAME **MARLOTE, MANUEL M MD**
STREET ADDRESS **5223 SW 102ND CT**
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **S** ☐ Delete
NAME **MORLOTE, YOLANDA**
STREET ADDRESS **5223 S W 102ND CT**
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

Manuel Morlote M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/27/01

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90093 033 ***150.00



DO NOT WRITE IN THIS SPACE

AV 4900900

CR2E034 (5/01)