

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G10632**

1. Entity Name

RUBEN B. VALLEJO, M.D. P.A.

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90003 040 ***150.00

Principal Place of Business

**1330 SE 4TH AVE
PLANTATION FL 33316
US**

Mailing Address

**P.O. BOX 19708
PLANTATION FL 33318
US**

00062911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2229958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VALLEJO, DR R
1601 SE 75TH TERRACE
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **VALLEJO, RUBEN B MD**
STREET ADDRESS **1601 S.W. 75TH TERR.**
CITY-ST-ZIP **PLANTATION, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **X**

SIGNATURE REQUIRED

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ag-20-01

(954) 581-4111

Daytime Phone #

CR2E034 (5/01)

Attachment
Doc # G 10632
80002911

RUBEN B. VALLEJO, M.D., P.A.

CHILD, ADOLESCENT AND ADULT PSYCHIATRY

P.O. BOX 19708

PLANTATION, FLORIDA 33318

TELEPHONE: (954) 581-4111

08-22-01

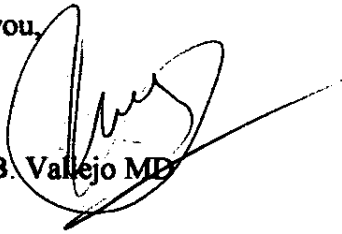
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl. 32302-1500

This is to inform that I have just received this report. Please find enclosed Ck#4222 in the amount of \$150.00.

If there is any problem please contact me at (954) 581-4111.

Thank you.

Ruben B. Vallejo MD



ROBERT S. FEIGELIS
CERTIFIED PUBLIC ACCOUNTANT, P.A.

3300 UNIVERSITY DRIVE
SUITE 305
CORAL SPRINGS, FLORIDA 33065
(305) 752-7343
FAX (305) 752-5610

Attachment
Doc# G10632
80062911

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

DATE: 7/19/01

NAME: Ruben B. Vallego, MD, PA

Enclosed Is Your Tangible Personal Property Tax Return.
Please Sign Where Indicated And Mail In The Enclosed
Envelope To The Property Appraiser By April 1st!!!

☒ _____
Enclosed Is Your Annual Corporate Report. Attach A Check
Made Payable To The "Department Of State" In The Amount Of
\$ 150.00

Please Sign Where Indicated At The Bottom. This Report
Becomes Delinquent On May 1st!!!

Enclosed Is Your Florida Intangible Personal Property Tax
Return. The Tax Due Is \$ _____.

Please Sign Where Indicated And Mail In The Enclosed
Envelope With Your Check No Later Than _____ To:

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500**

If You Have Any Questions Regarding The Above, Please Contact Us.