

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G34443**

1. Entity Name

AARON TUCKLER, M.D., P.A.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90007 044 ***150.00

Principal Place of Business

% AARON TUCKLER, M.D.
1330 CORAL WAY #200
MIAMI FL 33145

Mailing Address

% AARON TUCKLER, M.D.
1330 CORAL WAY #200
MIAMI FL 33146-3353

2. Principal Place of Business

11760 SW 40th Street
Suite, Apt. #, etc.
Suite 433

3. Mailing Address

1033 Bayamo Avenue
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Coral Gables, FL

Zip

33145

Country

Zip

33146

Country

4. FEI Number

59-2279109

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

TUCKLER, AARON, M.D.
1330 CORAL WAY #200
MIAMI FL 33145

Name

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

1033 Bayamo Avenue

City **Coral Gables**

FL

Zip Code

33146

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD TUCKLER, AARON, M.D. 1330 CORAL WAY #200 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUCKLER, FLOR 1330 CORAL WAY #200 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1033 Bayamo Avenue Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1033 Bayamo Avenue Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Aaron Tuckler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.29.2000

Date

(305) 661-6527

Daytime Phone #