

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90005 041 \*\*\*150.00

**DOCUMENT # G57960**

1. Entity Name

**MANUEL IRIBAR, M.D., P.A.**

Principal Place of Business

Mailing Address

8132 NW 164TH TERRACE  
 MIAMI LAKES FL 33016

8132 NW 164TH TERRACE  
 MIAMI LAKES FL 33016-6195

2. Principal Place of Business

3. Mailing Address

*11900 W. Dixie Highway*

*11900 W. Dixie Highway*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*MIAMI, FL*

City & State

*MIAMI, FL*

4. FEI Number

*59-2350020*

Applied For

Not Applicable

Zip

*33101*

Country

Zip

*33101*

Country

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

**COFINO, PEDRO A., ESQ.**  
**505 LINCOLN ROAD**  
**MIAMI BEACH FL 33139**

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.

**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 **PST**  Delete  
 NAME **IRIBAR, DR MANUEL**  
 STREET ADDRESS **8132 NW 164TH TERR.**  
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS *11900 W. Dixie Hwy.*  
 CITY-ST-ZIP *MIAMI, FL 33101*

TITLE **D**  Delete  
 NAME **IRIBAR, DR MANUEL**  
 STREET ADDRESS **8132 NW 164TH TERR.**  
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS *11900 W. Dixie Hwy.*  
 CITY-ST-ZIP *MIAMI, FL 33101*

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  
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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

*Manuel Iribar / pres. 4/24/00 (305) 685-8899*

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE