

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H21301

1. Entity Name

NOVOA & CARUSO, M.D.'S, P.A.

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90029 011 ***150.00

0274264 AV

Principal Place of Business

7101 SW 99TH AVENUE BLDG 108
BUILDING D, SUITE 108
MIAMI FL 33173
US

Mailing Address

7101 SW 99TH AVENUE BLDG ~~100~~-D
SUITE ~~110~~-108
MIAMI FL 33173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7101 SW 99 AV. BLDG D-~~100~~

Suite, Apt. #, etc.

SUITE 108

City & State

MIAMI FL.

Zip

33173

Country

U.S.A.

4. FEI Number

59-2457550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARUSO, MARK P
7101 SW 99 AVENUE
BLDG. D, SUITE 108
MIAMI FL 33173

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 \$150.00
After May 1, 2002 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	VST NOVOA, GABRIEL, JR. 7101 SW 99TH AVE. B-D108 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVOA, GABRIEL, JR. 7101 SW 99TH AVE. B-D108 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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

2/18/02 1325) 596-4465

Date

Daytime Phone #