

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90113 038 ***150.00

DOCUMENT # J16470
 1. Entity Name
AUGUSTO E. TIRADO, M.D., P.A.

Principal Place of Business 3661 S MIAMI AVE 1603 MIAMI FL 33133 US	Mailing Address 3661 S MIAMI AVE 1003 MIAMI FL 33133 US
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2. Principal Place of Business Suite, Apt. #, etc. SUITE 901 City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. SUITE 901 City & State Zip Country
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TIRADO, AUGUSTO E.
8330 SW 66 ST
MIAMI FL 33143

7. Name and Address of New Registered Agent
 Name **TIRADO, AUGUSTO E.**
 Street Address (P.O. Box Number is Not Acceptable)
3661 S. MIAMI AVE.
SUITE 901
 City **MIAMI, FL** Zip Code **33133**

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]* **AUGUSTO E. TIRADO** **President** **01/15/2001**
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TIRADO, AUGUSTO E., M.D. 8330 SW 66 ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT&S TIRADO, AUGUSTO E., M.D. 3661 S. MIAMI AVE. SUITE 901 MIAMI, FL. 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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]* **AUGUSTO E. TIRADO** **01/15/2001** **(305) 856-5057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)