## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **J26472** 1. Entity Name ORESTES M. PABLOS, M.D., P.A.

## **FILED** May 01, 2000 8:00 am Secretary of State

05-01-2000 90373 024 \*\*\*150.00

Principal Place	e of Business		Mailing Address			- }						
% ORESTES M. PABLOS. M.D.		% ORESTES M. PABLO	S. M.D.									
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MIAMI FL 3315	5		MIAMI FL.33155-1949									
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2. Principal Place of Business		3. Mailing Address								HELL BURGE BL		
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			┪		DO NOT W	RITE IN TH	IIS SP.	ACE		
		City & State			4. FEI Number 59-2700665		665	Applied For Not Applicable				
Zip		Country	Zip	Coun	try	5. C	ertificate of S	Status Desire	d $\square$	\$	8.75 Add	fitional
	<u></u>				,						e Require	d
	6. Name an	d Address of Current F	Registered Agent		Name	7. N	ame and Ad	dress of Ne	w Register	ed Ag	ent	
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	LOS, ORESTE				Street Address (P.O. Box Number is Not Acceptable)			ble)				
	8 CORAL WAY MI FL 33155			ı								
MIA	MI LF 22122											
					City				F	=[_	Zip Cod	e
8. The above	named entity su	bmits this statement for	the purpose of changing	a its reaistere	ed office or regist	ered age	nt, or both, ir	n the State of	Florida.		<del></del>	
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SIGNATURE								_				
SIGNATURE .	_Signature, typed or pr	inted name of registered agent a	nd title if applicable.	(NOTE: Registered	d Agent signature requi	red when rem	nstating)		DA	TE.		
			and title if applicable.			······································				TE		
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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.