

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K21259**

1. Entity Name
ANTONIO G. YONG, M.D., P.A.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90005 030 ***550.00

Principal Place of Business

777 E. 25TH ST
SUITE 118
HIALEAH FL 33013

Mailing Address

777 E. 25TH ST
SUITE 118
HIALEAH FL 33013

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0046343**

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

YONG, FRANK J.
1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32205

Name

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

701 FISK Street

Suite 110

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D**
NAME **YONG, ANTONIO G.**
STREET ADDRESS **777 E. 25TH ST, S-118**
CITY-ST-ZIP **HIALEAH FL**

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ 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: **X**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00
Date

Daytime Phone #

CR2E034 (5/00)