

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K23318

1. Entity Name
WILFREDO AMAYA, M.D., P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90006 007 ***150.00

Principal Place of Business Mailing Address
8955 SW 87TH CT 3661 S. MIAMI AVE 8955 SW 87TH CT 3661 S. MIAMI AVE
STE 104 #501 STE 104 #501
MIAMI FL 33176 MIAMI, FL MIAMI FL 33176-2264 MIAMI, FL
US 33133 US 33133

2. Principal Place of Business 3. Mailing Address
3661 S. MIAMI AVE 3661 S. MIAMI AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
#501 #501

City & State City & State
MIAMI, FL MIAMI, FL

Zip Country Zip Country
33133 US 33133 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2889230 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA PORTILLA, MARIA R.
2828 CORAL WAY, SUITE #303
MIAMI BEACH FL 33145

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 _____ (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, 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

TITLE PSD
NAME AMAYA, WILFREDO
STREET ADDRESS 8955 SW 87TH CT STE 104
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME AMAYA, WILFREDO
STREET ADDRESS 3661 S. MIAMI AVE #501
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000 305 285-3200
Date Daytime Phone #

CR2E034 19/99