

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90063 040 ***150.00

DOCUMENT # K78900

1. Entity Name
NIBERTO L. MORENO, M.D., P.A.



Principal Place of Business

8525 S.W. 92 STREET

A-1

MIAMI FL 33156

US

Mailing Address

8525 S.W. 92 STREET

A-1

MIAMI FL 33156

US

2. Principal Place of Business

8525 SW 92 ST

Suite, Apt. #, etc.

D-15

City & State
MIAMI FL

Zip
33156

Country
US

3. Mailing Address

8525 SW 92 ST

Suite, Apt. #, etc.

D-15

City & State
MIAMI FL

Zip
33156

Country
US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0124393

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORENO, NIBERTO L M.D.
8525 S.W. 92 STREET
A-1
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MORENO, NIBERTO L M.D.
8525 S.W. 92ND STREET
MIAMI FL 33156

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

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

Date

Daytime Phone #

1-6-03 (305) 630-2909

CR2E034 (10/02)