

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K79256

1. Entity Name

CARLOS I. MONTES D.P.M., P.A.

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90043 001 ***150.00

Principal Place of Business

Mailing Address

2352 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

6011 SW 79 CT
MIAMI FL 32904-3565
US

2. Principal Place of Business

3002 W. New Haven Ave.

3. Mailing Address

3002 W. New Haven Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

W. Melbourne, FL

City & State

W. Melbourne, FL

4. FEI Number

65-0123251

Applied For

Not Applicable

Zip

32904

Country

USA

Zip

32904

Country

USA

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

MONTES, CARLOS I.
2601 SW 37 AVE
S804
MIAMI FL 33133

Name

Montes, Carlos I., Jr.

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

3002 W. New Haven Ave.

City

W. Melbourne

FL

Zip Code

32904

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

Carlos I. Montes Jr.

1/26/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MONTES, CARLOS I JR
CITY-ST-ZIP 6011 SW 79 CT.
MIAMI FL 3314

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Montes, Carlos I., Jr.
CITY-ST-ZIP 3002 W. New Haven Ave.
W. Melbourne, FL 32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

1/26/00 (321) 733-2290

CR: 034 (9/99)