

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K91838

1. Entity Name

ORLANDO J. VALDES PH.D., P.A.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90109 044 ***150.00

Principal Place of Business

1930 COUNTRY CLUB PRADO
 CORAL GABLES FL 33134

Mailing Address

1930 COUNTRY CLUB PRADO
 CORAL GABLES FL 33134

761457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9551 SW 56 Ct.

Suite, Apt. #, etc.

3. Mailing Address

9551 SW 56 Ct.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL.

City & State

CORAL GABLES FL.

4. FEI Number

65-0128420

Applied For

Not Applicable

Zip

Country

33156

U.S.A.

Zip

Country

33156

U.S.A.

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

VALDES, ORLANDO J.
 1930 COUNTRY CLUB PRADO
 CORAL GABLES FL 33134

Name

VALDES, ORLANDO J.

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

9551 SW 56 Ct.

City

CORAL GABLES

FL

Zip Code

33156

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

Orlando J. Valdes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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, 2001 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 VALDES, ORLANDO J.
 CITY-ST-ZIP 1930 COUNTRY CLUB PRADO
 CORAL GABLES FL

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS VALDES, ORLANDO J.
 CITY-ST-ZIP 9551 SW 56 Ct.
 CORAL GABLES FL 33156

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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TITLE ☐ Delete
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 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:

Orlando J. Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01

Date

305.266.0284

Daytime Phone #

CR2E034 (10/00)