

2201 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K98883

1. Entity Name

MADORSKY AND PINON SOUTH FLORIDA KIDNEY STONE CE

Principal Place of Business

% MARSHA G. MADORSKY
2665 S. BAYSHORE DRIVE. #603
MIAMI FL 33133

Mailing Address

% MARSHA G. MADORSKY
2665 S. BAYSHORE DRIVE. #603
MIAMI FL 33133

2. Principal Place of Business

100 SE 2nd Street
Suite, Apt. #, etc.
4000

3. Mailing Address

100 SE 2nd Street
Suite, Apt. #, etc.
4000

City & State

Miami, Florida

City & State

Miami, Florida

Zip
33131

Country

Zip

33131

Country

4. FEI Number

65-0131636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADORSKY, MARSHA G.
2665 SOUTH BAYSHORE DRIVE, SUITE 603
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

MARSHA G. MADORSKY, ESQ.

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

100 SE 2nd Street

Suite 4000

City

Miami

FL

Zip Code
33131

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

3-19-01

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MADORSKY, MARTIN
CITY-ST-ZIP 6101 BLUE LAGOON DR #455
MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 #

3/19/01 305-265 2853

CR2E034 (10/00)

0158148

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90037 006 ***150.00

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DO NOT WRITE IN THIS SPACE