

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90161 018 \*\*\*150.00

**DOCUMENT # L14000**

1. Entity Name

JOSE MARTINEZ-ALBA JR M.D.P.A.

Principal Place of Business

Mailing Address

7800 SW 87 AVE  
 B 230  
 MIAMI FL 33173  
 US

7800 SW 87 AVE *error*  
 B 230  
 MIAMI FL 33173-3570  
 US

2. Principal Place of Business

3. Mailing Address

7100 W 20 AVE

7100 W 20 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

516

516

City & State

City & State

HALETH, FL

HALETH, FL

Zip

Country

Zip

Country

33016

USA

33016

USA



DO NOT WRITE IN THIS SPACE

4. FEI-Number: 65-0144488

Applied For  
 Not Applicable

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

MARTINEZ-ALBA, JOSE, JR.  
 475 BILTMORE WAY  
 SUITE A309  
 CORAL GABLES FL 33134

*changed*

Name: MARTINEZ-ALBA, JOSE JR.

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

7100 W 20 AVE

PALMETTO MED. PLAZA SUITE 516

City: HALETH

FL

Zip Code: 33016

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]*

(JOSE R. MARTINEZ-ALBA, JR., MD) 2/28/2000

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: D  Delete  
 NAME: MARTINEZ-ALBA, JOSE, JR.  
 STREET ADDRESS: 7800 SW 87 AVE B 230  
 CITY-ST-ZIP: MIAMI FL 33173-3570

TITLE: D  Change  Addition  
 NAME: MARTINEZ-ALBA, JOSE, JR.  
 STREET ADDRESS: 7100 W 20 AVE  
 CITY-ST-ZIP: PALMETTO MEDICAL PLAZA SUITE #516  
 HALETH, FL 33016

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  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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  
 NAME:  
 STREET ADDRESS:  
 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]* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/28/2000  
 Daytime Phone #: 305 556-2251

CR2E034 (9/99)