

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L90471

1. Entity Name

JOSE L. MARQUEZ, M.D., P.A.

Principal Place of Business

Mailing Address

~~155 W 49 ST~~
~~HIALEAH FL 33012~~
~~US~~

~~155 W 49 ST~~
~~HIALEAH FL 33016 1816~~
~~US~~

2. Principal Place of Business

3. Mailing Address

2140 W 68 St

2140 W 68 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

403

403

City & State

City & State

Hialeah, FL

Hialeah, FL

Zip

Country

Zip

Country

33016

DADE

33016

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, IRA B.
9130 S DADELAND BLVD
#1705
MIAMI FL 33156

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.

SIGNATURE

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 MARQUEZ, JOSE L M.D.
CITY-ST-ZIP ~~155 W 49 ST~~ 2140 W 68 St Suite 403
HIALEAH FL

TITLE ☐ Change ☐ Delete
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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 #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90031 047 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0207173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required -