

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90196 032 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # M06939

1. Entity Name
ARMANDO A. SANTELICES, M.D., P.A.

Principal Place of Business
5000 UNIVERSITY DR
3RD FLOOR
CORAL GABLES FL 33146-008
US

Mailing Address
P O BOX 822205
SOUTH FL 33082-2205
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 429
 Suite, Apt. #, etc.

City & State

City & State
OKEECHOBEE

4. FEI Number
59-2459075

Applied For
 Not Applicable

Zip Country

Zip Country
FL 34973

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANTELICES, ARMANDO A MD
5000 UNIVERSITY DRIVE
3RD FLOOR
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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, 2002 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 **D** ☐ Delete
 NAME **SANTELICES, ARMANDO A.**
 STREET ADDRESS **6575 NE 96 AVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **D** ☐ Delete
 NAME **CASALES, VIVIAN**
 STREET ADDRESS **380 SW 187 AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SANTELICES, ARMANDO A** ☐ Change ☐ Addition
 NAME **P.O. Box 429**
 STREET ADDRESS **OKEECHOBEE, FL 34973**
 CITY-ST-ZIP

TITLE **RAMOS, Vivian** ☐ Change ☐ Addition
 NAME **P.O. Box 429**
 STREET ADDRESS **OKEECHOBEE, FL 34973**
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 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

04/10/02

Date

863-467-8181

Daytime Phone #

CR2E034 (9/01)