

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M11086

1. Entity Name

LUIS BERNARDO EIBER, D.P.M., P.A.

Principal Place of Business		Mailing Address	
1435 WEST 49 PLACE 601 HIALEAH FL 33012 US		1435 WEST 49 PLACE 601 HIALEAH FL 33012 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>EIBER, LUIS B DPM</b> <b>1435 WEST 49TH PLACE</b> <b>#601</b> <b>HIALEAH FL 33012</b>			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EIBER, LUIS B DPM 1435 WEST 49TH PL #601 HIALEAH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Luis B. Eiber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Luis B. Eiber

01-08-2001

(305) 558-7437

Date

Daytime Phone #

0083548

FILED  
Jan 18, 2001 8:00 am  
Secretary of State

01-18-2001 90022 004 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)