

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

0285921 AV

01-31-2002 90005 005 \*\*\*150.00

**DOCUMENT # M18249**

1. Entity Name  
**HUMBERTO BASTO, M.D., P.A.**

Principal Place of Business  
**1380 N.E. MIAMI GARDENS DR.  
 SUITE 285  
 NORTH MIAMI BEACH FL 33179**

Mailing Address  
**1380 N.E. MIAMI GARDENS DR.  
 SUITE 285  
 NORTH MIAMI BEACH FL 33179**



2. Principal Place of Business  
**2300 NE 215 ST.**

3. Mailing Address  
**2300 NE 215 ST.**

DO NOT WRITE IN THIS SPACE

City & State  
**Aventura FL**

City & State  
**Aventura FL**

4. FEI Number **59-2605839**

Applied For  
 Not Applicable

Zip **33180** Country **Jade**

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

**6. Name and Address of Current Registered Agent**

**BASTO, HUMBERTO  
 1380 N.E. MIAMI GARDENS DR.  
 SUITE 285  
 NORTH MIAMI BEACH FL 33179**

**7. Name and Address of New Registered Agent**

Name **Basto Humberto**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2300 NE 215 street**  
 City **Aventura FL** Zip Code **33180**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **01-14-02**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BASTO, HUMBERTO 1380 N.E. MIAMI GARDENS DR., SUITE 285 NORTH MIAMI BEACH FL 33179</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Humberto Basto 2300 NE 215 street Aventura FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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, I am empowered.

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

DATE **01-14-02** DAYTIME PHONE # **305 940068**

CR2E034 (9/01)