

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M27560**

1. Entity Name?  
**ISIDORO ZARCO, M.D., P.A.**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90178 041 \*\*\*158.75

Principal Place of Business Mailing Address  
 5040 N.W. 7 STREET SUITE 100 MIAMI FL 33126  
 5040 N.W. 7 STREET SUITE 100 MIAMI FL 33126-3422  
*New address as of January 25, 2000*

LUUU831U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3230 West Flagler**  
 Suite, Apt. #, etc.

3. Mailing Address **3230 West Flagler**  
 Suite, Apt. #, etc.

City & State **Miami, Florida**  
 Zip **33135** Country **USA**

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4. FEI Number **59-2643269** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEOPOLD, NORMAN**  
**16666 N.E. 19TH AVENUE**  
**STE. 114**  
**NORTH MIAMI BEACH FL 33162**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD. ZARCO, ISIDORO 1350 S BISCAYNE POINT RD MIAMI BCH FL 33141</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
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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 like empowered.

SIGNATURE: *Isidoro Zarco M.D.* **Isidoro ZARCO M.D.** 1/5/00 (305) 443-3330  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #