

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M31422

1. Entity Name

KYRIACOS PEFKAROS, M.D., P.A.

Principal Place of Business

3661 SO. MIAMI AVE.
603
MIAMI FL 33133
US

Mailing Address

4801 S.W. 74 TER.
SUITE 806
MIAMI FL 33143
US

2. Principal Place of Business

3. Mailing Address

4801 SW 74 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

Country

33142

US

4. FEI Number 59-2678376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KYRIACOS PEFKAROS, M.D.
3661 SOUTH MIAMI AVE
STE 603
MIAMI FL 33133

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, 2001 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
DPS
PEFKAROS, KYRIACOS
3661 SO. MIAMI AVE.#806
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PEFKAROS, KYRIACOS
3661 SO. MIAMI AVE.#806
MIAMI FL ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KYRIACOS PEFKAROS

Date

Daytime Phone #

1/18/01

305 854 6700

CR2E034 (10/00)

0178667

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90159 018 ***150.00



DO NOT WRITE IN THIS SPACE