

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90269 037 ***150.00

DOCUMENT # M50672

1. Entity Name
REGINALD A. BOTTARI, D.C., P.A.



Principal Place of Business
1800 W 49TH ST
STE 119
HIALEAH FL 33012
US

Mailing Address
9370 S.W. 72 STREET
SUITE A-106
MIAMI FL 33173
US

2. Principal Place of Business
9370 SW 72 ST

3. Mailing Address
9370 SW 72 ST

Suite, Apt. #, etc.
A150

Suite, Apt. #, etc.
A150

City & State
MIAMI, FL

City & State
MIAMI FL

Zip
33173 **Country**
USA

Zip
33173 **Country**
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2793029**

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

BOTTARI, REGINALD A.
1800 W 49TH ST
STE 301
HIALEAH GARDENS FL 33012

Name
Bottari, Reginald A.
Street Address (P.O. Box Number is Not Acceptable)
9370 SW 72 ST
A-150
City **MIAMI** **FL** **Zip Code** **33173**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Reginald A. Bottari*

2-12-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ **Delete**
NAME **BOTTARI, REGINALD A. DR**
STREET ADDRESS **4710 SW 156 PLACE**
CITY-ST-ZIP **MIAMI FL 33185**

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

TITLE **D** ☐ **Delete**
NAME **BOTTARI, GINA**
STREET ADDRESS **4710 SW 156 PLACE**
CITY-ST-ZIP **MIAMI FL 33185**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Reginald A. Bottari*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-03 **305 275-5500**

Date

Daytime Phone #

CR2E034 (10/02)