

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022220

1. Entity Name

ESTEBAN A. GENAO, M.A.P.A.

Principal Place of Business

13583 S.W. 183RD TERRACE  
MIAMI FL

Mailing Address

13583 S.W. 183RD TERRACE  
MIAMI FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0575878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GENAO, ESTEBAN A  
13583 S.W. 183RD TERRACE  
MIAMI FL

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GENAO, ESTEBAN  
13583 S.W. 183RD TERRACE  
MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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TITLE  
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☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90053 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

AV 6959500

CR2E034 (5/01)

**Esteban Genao, M.D. P.A.**

Phone (786) 246-0998

*Attachment  
# P00000002220  
80064818*

13583 S.W. 183 Terrace  
Miami, Florida 33157

September 04, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

RE: Esteban Genao, M.D. P.A.  
-Doc# P97000075408-

To Whom it May Concern,

We are enclosing herewith our annual report for the year 2001. We respectfully request an abatement of penalties for reasonable cause.

We never received our original return and it was unknown that any amount was due. Had I received an original return I would have surely remitted the appropriate fee on time. Thank you in advance for your kind consideration in this matter. If I may be of further assistance, please call me at (786) 246-0998.

Sincerely,

  
Esteban Genao, MD