

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90160 033 ***150.00

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DOCUMENT # P00000029666

1. Entity Name

MARIO I. QUIROS M.D., P.A.

Principal Place of Business

**8905 S.W. 87TH AVENUE
 SUITE #200
 MIAMI FL 33176**

Mailing Address

**8905 S.W. 87TH AVENUE
 SUITE #200
 MIAMI FL 33176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15700 NW 67th Avenue

Suite, Apt. #, etc.

Suite #101

City & State

Miami Lakes, FL

Zip

33014

Country

USA

3. Mailing Address

15700 NW 67th Avenue

Suite, Apt. #, etc.

Suite #101

City & State

Miami Lakes, FL

Zip

33014

Country

USA

4. FEI Number

65-0974578

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

QUIROS, MARIO I

8905 S.W. 87TH AVENUE

SUITE #200

MIAMI FL 33176

7. Name and Address of New Registered Agent

Name **Mario I Quiros**

Street Address (P.O. Box Number is Not Acceptable)

15700 NW 67th Ave Suite #101

City **Miami Lakes**

FL

Zip Code **33014**

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, 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

TITLE **PST** ☐ Delete
 NAME **QUIROS, MARIO I**
 STREET ADDRESS **8905 S.W. 87TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **15700 NW 67th Avenue, Suite #101**
 CITY-ST-ZIP **Miami Lakes, FL 33014**

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

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

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

4/18/02
 Date

(305) 817-9535
 Daytime Phone #

CR2E034 (9/01)