

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90313 036 ***150.00

DOCUMENT # P00000063269

1. Entity Name
JOSE R. REY M.D. P.A.

Principal Place of Business 12890 BISCAYNE BLVD. NORTH MIAMI FL 33181	Mailing Address 12890 BISCAYNE BLVD. NORTH MIAMI FL 33181
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9341 COLLINS AVENUE	3. Mailing Address 9341 COLLINS AVENUE
Suite, Apt. #, etc. 408	Suite, Apt. #, etc. 408
City & State SURFSIDE FLORIDA	City & State SURFSIDE FL 33154
Zip 33154	Country U.S.A.

4. FEI Number 65-1020310	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

REY, JOSE R MD
12890 BISCAYNE BLVD.
NORTH MIAMI FL 33181

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____

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	D REY, JOSE R MD 12890 BISCAYNE BLVD. NORTH MIAMI FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAD JOSE R. REY MD PA 9341 COLLINS AVE #1 408 SURFSIDE - FLORIDA 33154.
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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

01/25/2001 305-9848506
 Date Daytime Phone #

CR2E034 (10/00)