

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90012 039 ***150.00

DOCUMENT # P00000064866

1. Entity Name

CUEVAS-KORENSKY, M.D., P.A.

Principal Place of Business

**5333 NORTH DIXIE HIGHWAY, SUITE 108
OAKLAND PARK FL 33334**

Mailing Address

**5333 NORTH DIXIE HIGHWAY, SUITE 108
OAKLAND PARK FL 33334**

2. Principal Place of Business

3. Mailing Address

15476 NW 77th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Mailbox 404

City & State

City & State

Miami Lakes FL

Zip

Country

Zip

Country

33016

USA

4. FEI Number

65-1021446

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

Cristina Cuevas Korensky (President)

2/21/01

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 **PSD** ☐ Delete
NAME **CUEVAS-KORENSKY, CRISTINA M.D.**
STREET ADDRESS **5333 NORTH DIXIE HIGHWAY, SUITE 108**
CITY-ST-ZIP **OAKLAND PARK FL 33334**

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

TITLE **VTD** ☐ Delete
NAME **KORENSKY, TOMAS D M.D.**
STREET ADDRESS **5333 NORTH DIXIE HIGHWAY, SUITE 108**
CITY-ST-ZIP **OAKLAND PARK FL 33334**

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

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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)(l), 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:

Cristina Cuevas Korensky (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

DATE

(954) 229-2040

Daytime Phone #

CR2E034 (10/00)