

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 25, 2001 8:00 am
Secretary of State

02-03-2001 90294 041 ***150.00

DOCUMENT # P00000065969

1. Entity Name

ISABEL FERREIRA, M.D. P.A.

Principal Place of Business

**13625 S.W. 26TH STREET
MIAMI FL 33175**

Mailing Address

**13625 S.W. 26TH STREET
MIAMI FL 33175****10379**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1024580

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FERREIRA, ISABEL**13625 S.W. 26TH STREET
MIAMI FL 33175**

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 ☐ Delete
NAME **D**
STREET ADDRESS **FERREIRA, ISABEL**
CITY-ST-ZIP **13625 S.W. 26TH STREET
MIAMI FL 33175**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-12-01**305.559-7063**

CR2E034 (5/01)

Attachment 10379 HPDU 0000005969

ISABEL FERRIERA MD, PA 13625 S.W. 26 STREET MIAMI FL 33175		METROBANK WEST KENDALL OFFICE MIAMI, FLORIDA 33186 63-1176-670	NO 1097 616710 DATE 1/29/2001
FLORIDA DEPARTMENT OF STATE		METROBANK	AMOUNT**150.00
PAY	020380692 1445 1453 19 02-07-01		
One Hundred Fifty and 00/100*****		0.20701	
TO THE ORDER OF	FLORIDA DEPARTMENT OF STATE		
PAID		0706101176	
P 000000 65969		<i>Isabel Ferrera MD</i>	
⑈001097⑈ ⑈0670⑈⑈760⑈ 0200267740⑈07		⑈0000015000⑈	

NS 91
The security of the system is dependent on the accuracy of the data entered. It is the responsibility of the user to ensure that all data is entered correctly and that the system is properly maintained. The system is not to be used for any other purpose than the one for which it was designed. The system is not to be used for any other purpose than the one for which it was designed. The system is not to be used for any other purpose than the one for which it was designed.

0066000109
0000000692
020380692 02-07-01
FEB-4-01
BANK OF AMERICA NA JAX
6740295373
02-07-01

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068796
DO NOT WRITE, STA FEB 02 2001 LOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *

Attachment # 10379
Isabel Ferreira, M.D. P.A.

13625 SW 26 Street
Miami, Florida 33175

Phone (305) 559-7063

July 17, 2001

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

RE: Isabel Ferreira, M.D. P.A.
Doc# P00000065969

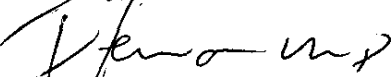
To Whom it May Concern,

We are enclosing herewith our annual report for the year 2001. As per our conversation with your office, the original report was return for incomplete information.

Inasmuch as we never recieved the original report back, we are enclosing herewith another copy with the information requested along with a copy of our cancelled check dated February 2, 2001.

We appreciate any penalty be abated for reasonable cause.

Sincerely,



Isabel Ferreira, MD