

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0155290 AV

DOCUMENT # P00000073167

1. Entity Name

MARLENE TAGES CORDOVA, D.O., P.A.

02-04-2002 90180 008 ***150.00

Principal Place of Business

**600 NORTH HIATUS ROAD
 SUITE 230
 PEMBROKE PINES FL 33026
 US**

Mailing Address

**P.O. BOX 245025
 PEMBROKE PINES FL 33024
 US**



2. Principal Place of Business

600 NORTH HIATUS ROAD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 203

City & State
PEMBROKE PINES, FL

City & State

4. FEI Number

65-1057152

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33026

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CORDOVA, MARLENE T

356 S.W. 83 WAY

#208

PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name **MARLENE T. CORDOVA**

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

3801 SW 160 AVENUE, #303

City **MIRAMAR**

FL

Zip Code **33027**

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 **P** ☐ Delete
 NAME **CORDOVA, MARLENE T**
 STREET ADDRESS **356 S.W. 83 WAY, #208**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **V** ☐ Delete
 NAME **CORDOVA, DANIEL J**
 STREET ADDRESS **356 S.W. 83 WAY, #208**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **MARLENE T. CORDOVA**
 STREET ADDRESS **3801 SW 160 AVENUE, #303**
 CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **V** ☒ Change ☐ Addition
 NAME **DANIEL J. CORDOVA**
 STREET ADDRESS **3801 SW 160 AVENUE, #303**
 CITY-ST-ZIP **MIRAMAR, FL 33027**

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

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

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

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02 954-432-6822

CR2E034 (9/01)