

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State
 02-16-2001 90016 048 ***158.75

000001

DOCUMENT # P00000074545

1. Entity Name

LEOPOLDO GRAUER, M.D., P.A.

Principal Place of Business

742 CORAL REEF DR
 TAMPA FL 33706

Mailing Address

742 CORAL REEF DR
 TAMPA FL 33706

2. Principal Place of Business

4705 N. ARMENIA AV

Suite, Apt. #, etc.

Suite A

3. Mailing Address

4705 N. ARMENIA AV

Suite, Apt. #, etc.

Suite A



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3665510

Applied For

Not Applicable

Zip

33603

Country

USA

Zip

33603

Country

USA

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

GRAUER, LEOPOLDO
 742 CORAL REEF DR
 TAMPA FL 33706

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 \$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	D	<input type="checkbox"/> Delete
NAME	GRAUER, LEOPOLDO	
STREET ADDRESS	742 CORAL REEF DR	
CITY-ST-ZIP	TAMPA FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

LEOPOLDO GRAUER

Date

Daytime Phone #

2/29/01 (813) 673-8545

CR2E034 (10/00)