

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078063

1. Entity Name

ODALYS P. FRONTELA, MD., P.A.

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90042 023 \*\*\*158.75

Principal Place of Business

3413 NW 17 Ave  
Miami FL 33142

Mailing Address

3413 NW 17 Ave  
Miami FL 33142

2. Principal Place of Business

18360 NW 47 Ave  
Suite, Apt. #, etc.  
Suite # 2

3. Mailing Address

16159 N.W 79 Ave  
Suite, Apt. #, etc.

City & State

CAROL CITY, FL 3305

City & State

MIAMI FL

4. FEI Number

65-1032862

Applied For

Not Applicable

Zip

33055

Country

MIAMI-DADE

Zip

33016

Country

MIAMI-DADE

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**A0051428**

6. Name and Address of Current Registered Agent

ODALYS P. FRONTELA  
3413 N.W. 17 Ave  
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name  
ODALYS P. FRONTELA

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

16159 NW 79 Ave

City MIAMI LAKES

FL

Zip Code 33016

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.

ODALYS P. Frontela

(NOTE: Registered Agent signature required when reinstating)

03-23-01

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

TITLE P/D  
NAME ODALYS P. Frontela  
STREET ADDRESS 16159 NW 79 Ave  
CITY-ST-ZIP MIAMI LAKES, FL 33016

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

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NAME  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ODALYS P. Frontela

Date

Daytime Phone #

03-23-01 (305) 6260755

CR2E034 (11/00)