

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90136 036 ***150.00

DOCUMENT # P00000103857

1. Entity Name
ALBERTO DOMINGUEZ-BALI, M.D., P.A.

Principal Place of Business Mailing Address
100 KING POINT DR. APT 1616 **100 KING POINT DR. APT 1616**
SUNNY ISLE BEACH FL 33160 **SUNNY ISLE BEACH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
777 East 25 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 303
 City & State City & State
Hialeah, FL
 Zip Country Zip Country
33013 **USA**

4. FEI Number Applied For
65-1053692 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	
DOMINGUEZ-BALI, ALBERTO		Name	
100 KING POINT DR, APT 1616		Street Address (P.O. Box Number is Not Acceptable)	
SUNNY ISLE BEACH FL 33160		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 _____ (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
Make Check Payable to Department of State
Due by May 1, 2002

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DOMINGUEZ-BALI, ALBERTO 100 KING POINT DR, APT 1616 SUNNY ISLE BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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~~ **4/4/02** **(305) 6933535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Keytime Phone #

CR2E034 (9/01)