

2001 UNIFORM BUSINESS REPORT (UBR)

08-13-2001 90001 024 ***550.00

DOCUMENT # P00000115853

1. Entity Name
DR. YAMILE VILLAR, P.A.

Principal Place of Business
14526 NW 83RD PASSAGE
MIAMI LAKES FL 33016

Mailing Address
14526 NW 83RD PASSAGE
MIAMI LAKES FL 33016

2. Principal Place of Business

2726 Ponce de Leon Blvd

Suite, Apt. #, etc.

n/a

3. Mailing Address

2726 Ponce de Leon Blvd

Suite, Apt. #, etc.

n/a

City & State

Coral Gables, FL

Zip

33134

Country

USA

City & State

Coral Gables, FL

Zip

33134

Country

USA

4. FFI Number

65-1066212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAR, YAMILE DR.
14526 NW 83RD PASSAGE
MIAMI LAKES FL 33016

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 re-registering)

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 PD
NAME VILLAR, YAMILE
STREET ADDRESS 14526 NW 83RD PASSAGE
CITY-ST-ZIP MIAMI LAKES FL 33016

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Villar, Yamile
STREET ADDRESS 2726 Ponce de Leon Blvd
CITY-ST-ZIP Coral Gables, FL 33134

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

CR2E034 (5/01)

FILED

01 SEP 24 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE