

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P00000116277

1. Entity Name

Victor G. Soto, M.D., PA



FILED

03 SEP 30 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10568 NW 51st Terrace

Suite, Apt. #, etc.

3. Mailing Address  
Same as 2

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Fl.

City & State

4. FEI Number  
65-1061152

Applied For  
Not Applicable

Zip  
33136

Country  
US

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Ray Perez & Associates, PA

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

13935 NW 1st Ave

City Miami

FL

Zip Code  
33168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ray Perez

07/23/03

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President- Victor G Soto M.D. 10568 NW 51st  
Terrace, Miami, Fl. 33136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000023446790  
09/30/03--01066--014 \*\*150.00

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**DO NOT WRITE  
IN THIS SPACE**

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12. 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 10 or on an attachment with an address, with all other duly empowered.

SIGNATURE:

Victor G Soto M.D.

07/23/03

305-461-1700

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone \*

CR2E034B (12/02)

VGS

**Victor G. Soto, M.D., PA**  
10568 NW 51st Terrace ~ Miami, FL. 33136 ~ USA  
Phone 305-461-1700

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July 23rd, 2003

State of FL Div. of Corp.  
PO Box 1500  
Tallahassee, FL. 32302-1500

RE: P00000116277  
Dr. Victor G. Soto, M.D., PA

To whom it may concern:

Please be advised by this letter that we never received the renewal form for the above corporation. Our accountant notified us that had not been renewed therefor we prepare a blank form and enclosed please find a check for \$150.00 for the fee due to you. Please update your records accordingly to avoid any future problems.

If we can be of any assistance, please feel free to contact us at (305)688-9694.

Yours truly,

  
Ray Perez, EA  
for Victor G Soto, M.D.