

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90045 038 \*\*\*150.00

**DOCUMENT # P01000035827**

1. Entity Name  
**JULIO F. MENENDEZ, M.D., P.A.**

Principal Place of Business  
**11029 W. OKEECHOBEE RD., #102  
 HIALEAH GARDENS FL 33018**

Mailing Address  
**11029 W. OKEECHOBEE RD., #102  
 HIALEAH GARDENS FL 33018**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2740 SW 97 AVE**

3. Mailing Address  
**2740 SW 97 AVE**

Suite, Apt. #, etc.  
**A 110**

Suite, Apt. #, etc.  
**A 110**

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FL.**

4. FEI Number  
**65-1102991**

Applied For  
 Not Applicable

Zip Country  
**33165 DADE**

Zip Country  
**33165 DADE**

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

**MENENDEZ, JULIO F  
 11029 W. OKEECHOBEE RD., #102  
 HIALEAH GARDENS FL 33018**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2740 SW 97 AVE**  
**SUITE A 110**  
 City **MIAMI** FL Zip Code **33165**

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**  
**After May 1, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MENENDEZ, JULIO F</b>	
STREET ADDRESS	<b>11029 W. OKEECHOBEE RD., #102</b>	
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33018</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2740 SW 97 AVE, SUITE A 110</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33165</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Julio F. Menendez, M.D., P.A.** 4/16/02 305-552-1266  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)