

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
33165

Country
DADE

Zip
33165

Country
DADE

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE **D** ☐ Delete
 NAME **MENENDEZ, JULIO F**
 STREET ADDRESS **11029 W. OKEECHOBEE RD., #102**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **2740 SW 97 Ave, Suite A 110**
 CITY-ST-ZIP **Miami, FL 33165**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **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)