

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90484 036 ***158.75

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

DOCUMENT # **PO1000041506**

1. Entity Name

PETER G. LINDO M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

220 SW 84TH AVE

Suite, Apt. #, etc.

SUITE 205

3. Mailing Address

220 SW 84TH AVE

Suite, Apt. #, etc.

SUITE 205

City & State

PLANTATION, FL

City & State

PLANTATION FL

4. FEI Number

65-1095274

Applied For

Not Applicable

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name **CORPORATE CREATIONS NETWORK INC**

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

941 FOURTH STREET #200

City

MIAMI BEACH

FL

Zip **33139**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when removing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PETER G. LINDO
12261 NW 12TH ST.
PLANTATION FL 33323**

TITLE
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CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PETER G. LINDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(954) 916-0650

Telephone Prefix

CR2E034B (12/01)