

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90197 018 ***150.00

DOCUMENT # P01000054399

1. Entity Name
ARMANDO SEGUI M.D., P.A.

Principal Place of Business Mailing Address
~~2645 SW 133 AVE~~ 8351 SW 27th LN ~~2645 SW 133 AVE~~ 8351 SW 27th LN
~~MIAMI FL 33175~~ Miami FL 33155 ~~MIAMI FL 33175~~ Miami FL 33155

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1110009** Applied For
☒ Not Applicable

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

SEGUI, ARMANDO
~~2645 SW 133 AVE~~ 8351 SW 27th LN
~~MIAMI FL 33175~~ Miami FL 33155-2459

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

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 \$550.00
After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS ~~2645 SW 133 AVE~~ 8351 SW 27th LN
 CITY-ST-ZIP ~~MIAMI FL 33175~~ Miami FL 33155-2459

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

Attachment
B0129533

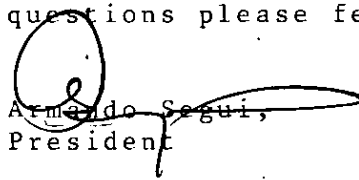
July 3, 2002

Uniform Business REport
Division of Corporation
P.O. BOX 1500
Tallahassee, FL 32302-1500

Ref: Armando Segui M.D., P.A.
Document # P01000054399

To Whom It May Concern:

This letter is in response to the recent annual business report received. This the first time that we received annual business report this year. We never received the first report from Tallahassee. A problem could have occurred with the post office. We apologize for any inconvenience this may have caused and ask that you accept our check of \$150.00 ~~for the 2002 filing year. We never intentionally meant to~~ send the report late. Please accept our apologies. If we had received the report, we would have sent it right away. In the future, we will make certain to correct our mistakes. Thank you very much for your cooperation. If you have any questions please feel free to contact me at (305) 541-3980


Armando Segui,
President