

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90070 030 ***158.75

0003497 AT

DOCUMENT # P01000117855

1. Entity Name
IVETTE SANTIAGO, M.D., P.A.

Principal Place of Business Mailing Address
1025 JULIETTE BLV. **1025 JULIETTE BLV.**
MT. DORA FL 32757 **MT. DORA FL 32757**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

17521 US Hwy 441 Suite, Apt. #, etc.
15 + 18 Suite, Apt. #, etc.

City & State City & State
Mount Dora / 71 City & State

Zip Country Zip Country
32757 **Lake** Zip Country

4. FEI Number Applied For
01-0582210 Not Applicable

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

6. Name and Address of Current Registered Agent

SANTIAGO, IVETTE
1025 JULIETTE BLV.
MT. DORA FL 32757

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, IVETTE 1025 JULIETTE BLV. MT. DORA FL 32757	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02 **(352) 788-7810**
Date Daytime Phone #

CR2E034 (9/01)