

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

DOCUMENT # P02000004281

1. Entity Name
DR. MANUEL A. BARBEITO, M.D., P.A.



02-06-2003 90053 001 ***150.00

Principal Place of Business
**1001 BRICKELL BAY DRIVE SUITE 900
MIAMI FL 33131**

Mailing Address
**1001 BRICKELL BAY DRIVE SUITE 900
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

11213 NW 71 TERRACE
Suite, Apt. #, etc.

11213 NW 71 TERRACE
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33178

Country

Zip
33178

Country

4. FEI Number

01-0557762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **DAVID G BARBEITO**
Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE
Suite 900
City **Miami** FL Zip Code **33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

02/01/2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BARBEITO, MANUEL A**
STREET ADDRESS **1001 BRICKELL BAY DRIVE SUITE 900**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DOCTOR** ☒ Change ☐ Addition
NAME **MANUEL A. BARBEITO**
STREET ADDRESS **11213 NW 71 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33178**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/2003

Date

305 513-3312

Daytime Phone #

CR2E034 (10/02)