

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


4/18

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90234 032 \*\*\*150.00

**DOCUMENT # P02000027041**

1. Entity Name  
**ARMANDO PINEDA-VELEZ, M.D., P.A.**



Principal Place of Business  
3399 NORTHWEST 14TH AVENUE  
MIAMI FL 33142

Mailing Address  
3399 NORTHWEST 14TH AVENUE  
MIAMI FL 33142

33040000



2. Principal Place of Business  
**9235 N.W. 1st St.**

3. Mailing Address  
Suite, Apt. #, etc.  
**same**

CHECK HERE IF MAKING CHANGES

City & State  
**Coral Springs, Fla**

City & State

Zip  
**33071-7542**

Country  
**USA**

4. FEI Number  
**04-3620335-080412**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PINEDA-VELEZ, ARMANDO M.D.**  
**3399 NORTHWEST 14TH AVENUE**  
**MIAMI FL 33142**


7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**9235 NW 1 ST.**

City **Coral Springs Fl.** FL Zip Code **33071-7542**

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 **4/15/03**

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PD PINEDA-VELEZ, ARMANDO M.D.</b>	<b>3399 NORTHWEST 14TH AVENUE</b>	<b>MIAMI FL 33142</b>	<input type="checkbox"/>
		<b>New Address</b>	<b>ABOVE</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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 REQUIRED**  DATE **5/06/03** DAYTIME PHONE # **(754) 368-1439**