

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000025366**

1. Entity Name

MANUEL V. FEIJOO, M.D., P.A.

FILED

01 JUL -5 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **18120 NW 18 St, Pembroke Pines, FL 33029**
Mailing Address: **18120 NW 18 St, Pembroke Pines, FL 33029**

2. Principal Place of Business: **18120 NW 18 St**
3. Mailing Address: **18120 NW 18 St**
Suite, Apt. #, etc.

City & State: **Pembroke Pines, FL**
Zip: **FL 33029**
Country: **33029**

4. FEI Number: **650409050**
Applied For: Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MANUEL V. FEIJOO,
18120 NW 18 St
Pembroke Pines, FL 33029

7. Name and Address of New Registered Agent
Name: **N/A**
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: **Manuel V. Feijoo, President** DATE: **09/20/01**
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:
10. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President	<input type="checkbox"/> Delete	TITLE: 30000447408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Manuel V. Feijoo		NAME: -07/13/01--01022--003	
STREET ADDRESS: 18120 NW 18 St		STREET ADDRESS: ****608.75 ****608.75	
CITY-ST-ZIP: Pembroke Pines, FL 33029		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

98-01 UBR TS

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: **Manuel V. Feijoo, M.D., P.A.** **954-435-2991**
305-269-9898