

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084334

1. Entity Name

JAMES GORELICK, M.D. P.A.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90050 002 ***150.00

Principal Place of Business

Mailing Address

WEST FLAGLER ST
STE 404
FL 33134

3990 WEST FLAGLER ST
STE 404
MIAMI FL 33126-5670
US

2. Principal Place of Business

351 NW. LEJEUNE RD

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105

City & State

MIAMI, FL

Zip

33126

Country

USA

City & State

Zip

Country

4. FEI Number

65-0453495

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GUERRA, MARCOS A
3663 S.W. 8TH STREET
SUITE 210
MIAMI FL 33135

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

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

(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 \$150.00.
After MAY 1, 2000 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	DP	<input checked="" type="checkbox"/> Delete
NAME	GORELICK, JAMES	
STREET ADDRESS	3990 WEST FLAGLER ST STE 404	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GORELICK, JAMES	
STREET ADDRESS	351 NW. LEJEUNE RD. #105	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES GORELICK, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00 305-6424616

CR2E034 (9/99)