

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087223

1. Entity Name

CECILIA T. DEIDAN, PHD, P.A.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90019 015 \*\*\*150.00

Principal Place of Business

10031 PINES BLVD  
#219  
PEMBROKE PINES FL 33024  
US

Mailing Address

7150 WEST 20TH AVE.  
SUITE 405  
HIALEAH FL 33016-5533  
US

2. Principal Place of Business

10031 Pines Blvd

3. Mailing Address

10031 Pines Blvd

Suite, Apt. #, etc.

Suite 219

Suite, Apt. #, etc.

Suite 219

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

FL 33024

Country

US

Zip

33024

Country

US

4. FEI Number

65-0455618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEIDAN, CECILIA T  
18441 NW 19TH STREET  
#232  
PEMBROKE PINES FL 33029

→ Address  
change  
only

7. Name and Address of New Registered Agent

Name

Deidan, Cecilia T

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

20831 NW 22nd Ct

Pembroke Pines

City

FL

Zip Code

33029

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

1/28/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	DEIDAN, CECILIA T	7150 WEST 20TH AVE., SUITE 405	HIALEAH FL	<input checked="" type="checkbox"/> Address change →
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D				
	Deidan, Cecilia T	20831 NW 22nd Ct	Pembroke Pines, FL 33029	<input checked="" type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

954-430-7771

Daytime Phone #

CR2E034 (9/99)