

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90006 011 \*\*\*150.00

**DOCUMENT # P94000011810**

1. Entity Name  
**NIVIA E. VAZQUEZ, M.D., P.A.**

Principal Place of Business <b>941 N KROME AVE          HOMESTYead FL 33030          US</b>	Mailing Address <b>941 N KROME AVE          HOMESTYead FL 33030          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>65-0465252</b>	Applied For <input type="checkbox"/> Not Applicable
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<b>6. Name and Address of Current Registered Agent</b> <b>VAZQUEZ, NIVIA E MD</b> <b>20043 SW 103 AVE</b> <b>MIAMI FL 33189</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>VAZQUEZ, NIVIA E</b> <b>941 N KROME AVE</b> <b>HOMESTEAD FL</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 REQUIRED \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

pg 400011810 (Attachments)

DW78969

# kids krome medical center

Infant, Child and Adolescent Medicine

**KIDS our SPECIALTY**



nivia e. vazquez, m.d.  
lynn vanhofwegen, a.r.n.p.  
ann pasquale, a.r.n.p.

July 11, 2000

To whom it may concern:

As per my conversation with Nathan on July 7, I explained to him that I had never received my first notice. Therefore he said to send in the check in the amount of \$150 with this letter. If you have any questions, please call my office.

Thank you,

Nivia E. Vazquez, M.D.

A handwritten signature in black ink, appearing to read "N. E. Vazquez" with a flourish at the end.