

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90004 024 ***550.00

DOCUMENT # P94000048630

1. Entity Name
JORGE D. CASTANEDA M.D., P.A.

Principal Place of Business

1190 N.W. 95TH ST.
 #303
 MIAMI FL 33150

Mailing Address

1190 N.W. 95TH ST.
 #303
 MIAMI FL 33150

2. Principal Place of Business

3133 Ponce de Leon Blvd
 Suite, Apt. #, etc.

3. Mailing Address

3133 Ponce de Leon Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coral Gables FL

Zip
33134

Country
DADE

City & State
Coral Gables FL

Zip
33134

Country
DADE

4. FEI Number **59-2794350**

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

CASTANEDA, JORGE D
1190 N.W. 95TH ST.
#303
MIAMI FL 33150

Name **CASTANEDA, JORGE D.**

Street Address (P.O. Box Number is Not Acceptable)
3133 PONCE DE LEON Blvd.

City **CORAL GABLES**

FL

Zip Code **33134**

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 requirements and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **D** Delete
 NAME **CASTANEDA, JORGE D**
 STREET ADDRESS **1190 N.W. 95TH ST., #303**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **CASTANEDA JORGE D.**
 STREET ADDRESS **3133 Ponce de Leon Blvd**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
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TITLE _____ Delete
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 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/01

Date

(305) 822-4107

Daytime Phone #

CR2E034 (10/00)