# 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000027460

**1.** Entity Name

ARELIS RODRIGUEZ-VIERA D.M.D. P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 22 W LAKE BEAUTY DR | 22 W LAKE BEAUTY DR |
| STE 203 | STE 203 |
| ORLANDO FL 32806 | ORLANDO FL 32806 |
| US | US |

**2.** Principal Place of Business  *2883 S. Delaney Ave.*
Suite, Apt. #, etc.

**3.** Mailing Address  *2883 S. Delaney Ave.*
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  *Orlando, Fl.*
Zip  *32806*   Country  *U.SA.*

City & State  *Orlando, Fl*
Zip  *32806*   Country  *U.S.A*

**4.** FEI Number  59-3304537

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 |
|---|---|
| VARMA, BOB A<br>610 CROWN OAK CENTRE DR<br>LONGWOOD FL 32750 | Name _____<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 _____
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, 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<br>NAME RODRIGUEZ-VIERA, ARELIS<br>STREET ADDRESS 3960 SOUTHPOINTE DR. APT 523<br>CITY-ST-ZIP ORLANDO FL 32822 | | TITLE<br>NAME *Dr. Rodriguez-Viera, Arelis*<br>STREET ADDRESS *3431 T.C.U. Blvd.*<br>CITY-ST-ZIP *Orlando, Fl. 32817* | ☒ Change ☐ Addition |
| TITLE ☐ Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ☐ Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (10/00)

**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:** *Arelis Rodriguez-Viera  Dr. Arelis Rodriguez-Viera*   *407 425-9333*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #