

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90001 011 ***150.00

DOCUMENT # P95000060213

1. Entity Name
NORMA HENRIQUEZ, M.D., P.A.

Principal Place of Business
9240 BONITA BEACH ROAD #2215
BONITA SPRINGS FL 34135
US

Mailing Address
9240 BONITA BEACH ROAD #2215
BONITA SPRINGS FL 34135
US

2. Principal Place of Business
NONE

3. Mailing Address
P.O. Box 2161

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BONITA SPRINGS, FL.

4. FEI Number **65-0597919**

Applied For
 Not Applicable

Zip

Country

Zip
34133

Country
LEE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HENRIQUEZ, NORMA
9240 BONITA BEACH ROAD #2215
BONITA SPRINGS FL 33923

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME **D** ☐ Delete
HENRIQUEZ, NORMA
 STREET ADDRESS
9240 BONITA BEACH ROAD #2215
 CITY-ST-ZIP
BONITA SPRINGS FL 34135

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norma Henriquez M.D., P.A.
 Date _____ Daytime Phone # _____

CR2E034 (5/01)

Attachment

A0082790

Doc. # 95000060213

NORMA HENRIQUEZ, M.D., P.A.

◆◆◆
P.O. Box 2161 ◆ Bonita Springs, Fl. 34133 ◆ Lee
Phone (841) 847-4403

July 16, 2001

**Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500**

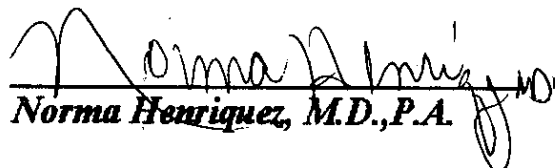
To whom it may concern:

I just received a notice to file my 2001 uniform business report before September 12, 2001.

I am enclosing a \$150.00 check. I would like my penalty fee to be waived since I officially closed my private practice on February 28, 2001 and I did not received your first notice to file, unfortunately a lot of my mailed has not been forwarded to my P.O. Box. I have not relocated to a physical address but I am providing you with a P.O. Box address.

Your understanding to this matter will be appreciated. Please do not hesitate to write at the address above.

Sincerely,


Norma Henriquez, M.D., P.A.