

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90082 013 ***150.00

DOCUMENT # P95000066806

1. Entity Name
PLASTIC SURGERY INSTITUTE OF CORAL GABLES, P.A.

Principal Place of Business

**9420 S.W. 77 AVE.
 MIAMI FL 33156**

Mailing Address

**9420 S.W. 77 AVE.
 MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9420 S.W. 77 Ave.

3. Mailing Address

9420 S.W. 77 Ave.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

65-0609905

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

Zip

33156

Country

U.S.A.

Zip

33156

Country

U.S.A.

6. Name and Address of Current Registered Agent

**FRESHMAN, JERALD A
 9130 S. DADELAND BLVD.
 SUITE 1701 TWO DATRAN CENTER
 MIAMI FL 33156**

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 \$150.00
 After May 1, 2002 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 ☐ Delete
 NAME **D NORIEGA, CLAUDE J**
 STREET ADDRESS **9420 S.W. 77 AVE.**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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. NORIEGA M.D

(305)-271-7446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)