

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068913

1. Entity Name

ANGELO M. GADALETA D.C., P.A.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90129 049 \*\*\*150.00

Principal Place of Business

4384 NW 31 AVE  
OAKLAND PARK FL 33309  
US

*Change  
update*

Mailing Address

4384 NW 31 AVE  
OAKLAND PARK FL 33309  
US

*Change  
update*

2. Principal Place of Business

1015 WEST MAIN STREET  
Suite, Apt. #, etc.  
Suite 8

3. Mailing Address

16592 Wellington Lakes Cir  
Suite, Apt. #, etc.

City & State

Immokalee, Florida

City & State

Fort Myers, Florida

Zip

34142

Country U.S.

Collier

Zip

33908

Country U.S.

LEE

6. Name and Address of Current Registered Agent

GADALETA, ANGELO M D.C.  
11531 NW 31ST ST  
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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's 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GADALETA, ANGELO M  
CITY-ST-ZIP 11531 NW 31ST ST  
SUNRISE FL 33323

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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 D  
STREET ADDRESS GADALETA, ANGELO M.  
CITY-ST-ZIP 16592 Wellington Lakes Circle  
Fort Myers, Florida 33908

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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: *Angelo M. Gadaleta, Jr. PA* ANGELO M. GADALETA, DR., P.A. 4/25/2001 941 6575213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)