

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90242 025 \*\*\*150.00

**DOCUMENT # P95000076790**

1. Entity Name  
**ANTONIO R. PRATS, M.D., P.A.**

Principal Place of Business

3100 SW 62ND AVE.  
 123  
 MIAMI FL 33155  
 US

Mailing Address

P. O. BOX 440757  
 MIAMI FL 33144  
 US

80128625



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3661 S Miami Ave  
 Suite, Apt. #, etc.  
 Suite 401

3. Mailing Address

3661 S. Miami Ave  
 Suite, Apt. #, etc.  
 Suite 401

City & State

Miami Fla

City & State

Miami Fla

4. FEI Number

65-0614671

Applied For

Not Applicable

Zip

33133

Country

U.S.A

Zip

33133

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, MARIA P  
 1570 MADRUGA AVENUE  
 SUITE 214  
 CORAL GABLES FL 33146

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PRATS, ANTONIO R.  
 CITY-ST-ZIP 3100 S.W. 62ND AVE., #123  
 MIAMI FL

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02

305-854-4334

Date

Daytime Phone #

CR2E034 (4/02)

Antonio R. Prats, M.D., F.A.C.S.

Attachment

Adult & Pediatric Neurological Surgery

#P95000076790

B0128605  
Tel: (305) 854-4334  
Fax: (305) 854-6966

July 8, 2002

Division of Corporations  
Uniform Business Report Filings  
PO BOX 1500  
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report

TO WHOM IT MAY CONCERN:

I am in receipt of Document # 95000076790 regarding the 2002 Uniform Business Report for place of business located at 3100 SW 62 Avenue, Suite 123, Miami, FL 33155. This notice was just received today. Please be advised that I am no longer at this address.

I am requesting to file at this time a fee of \$150.00, which is enclosed and would like the \$400.00 fee to be waived. If there are any questions regarding this matter, please do not hesitate in contacting me.

Sincerely,



Antonio R. Prats, MD

ARP/rp