

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90050 025 \*\*\*150.00

**DOCUMENT # P96000005153**

1. Entity Name  
**FAMILY PEDIATRICS, P.A.**

Principal Place of Business  
**13706 S.W. 56TH STREET #203**  
**MIAMI FL 33175**

Mailing Address  
**13706 S.W. 56TH STREET #203**  
**MIAMI FL 33175**

2. Principal Place of Business  
**11760 BIRD ROAD**  
 Suite, Apt. #, etc.  
**SUITE 301**

3. Mailing Address  
**11760 BIRD ROAD**  
 Suite, Apt. #, etc.  
**SUITE 301**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip **33175** Country **USA**

Zip **33175** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0636925**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORONADO, NESTOR**  
**7360 CORAL WAY #21**  
**MIAMI FL 33155**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐

**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 **PD** ☐ Delete  
 NAME **ARRAZOLA, ORLANDO**  
 STREET ADDRESS **13706 S.W. 56TH STREET #203**  
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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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TITLE ☐ Change ☐ Addition  
 NAME  
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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: **ORLANDO ARRAZOLA** *Orlando Arrazola* **4-18-02 (305) 551-7875**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)