

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048432

1. Entity Name

PALM BEACH PEDIATRIC INFECTIOUS DISEASES, P.A.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90175 039 \*\*\*150.00

Principal Place of Business

Mailing Address

9750 NW 33RD ST  
213  
CORAL SPRINGS FL 33065  
US

P O BOX 811853  
BOCA RATON FL 33481-1853  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9750 NW 33rd St.

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip

33065

Country

USA

Zip

Country

4. FEI Number

65-0669523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATEO, JOSE R MD  
19449 PRESERVE DR  
BOCA RATON FL 33498

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MATEO, JOSE R MD	
STREET ADDRESS	9750 NW 33RD ST #213	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mateo, Jose R. M.D	
STREET ADDRESS	9750 NW 33rd St #107	
CITY-ST-ZIP	Coral Springs, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.27.2000

Date

954.345.0404

Daytime Phone #