

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **96000048991**

1. Entity Name
Gustavo E. Coll M.D. PA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 AM 9:56

Principal Place of Business
**7270 West Lago Drive
Cooper Gables, FL 33143**

2. Principal Place of Business
7270 West Lago Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cooper Gables FL

City & State

4. FEI Number
650677469

Applied For
Not Applicable

Zip
33143

Country
USA

Zip

Country

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

**Gustavo E. Coll
7270 West Lago Drive
Cooper Gables, FL 33143**

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 \$550.00
After September 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Gustavo E. Coll
7270 West Lago Dr
Cooper Gables FL 33143**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **Bel**

11/12/01

CR2E034 (5/01)

GUSTAVO COLL
7270 W. LAGO DRIVE
CORAL GABLES, FL 33143

*Please change
address in your system.
We did not renew 2001
WBL.*

Request taken by: lsellers
11-05-2001

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314