

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90863 047 ***150.00

DOCUMENT # P96000048991

1. Entity Name
GUSTAVO E. COLL, M.D., P.A.



Principal Place of Business
**7270 WEST LAGO DRIVE
CORAL GABLES FL 33143**

Mailing Address
**7270 WEST LAGO DRIVE
CORAL GABLES FL 33143**

70024254



2. Principal Place of Business
10840 Snapper Creek Rd
Suite, Apt. #, etc.

3. Mailing Address
10840 Snapper Creek Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Gables, FLA
Zip
33156
Country

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Coral Gables, FLA
Zip
33156
Country

4. FEI Number **65-0677469**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLL, GUSTAVO E MD
7270 WEST LAGO DRIVE
CORAL GABLES FL 33143**

7. Name and Address of New Registered Agent

Name

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

10840 Snapper Creek Road

City

Coral Gables

FL

Zip Code

33156

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
COLL, GUSTAVO E
7270 WEST LAGO DRIVE
CORAL GABLES FL 33143**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**10840 Snapper Creek Road
Coral Gables, FL 33156**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

12. 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 10 or Block 11 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

305 168-4401
Date
Daytime Phone #

CR2E034 (10/02)