

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057974

1. Entity Name

EUSEBIO G. HERNANDEZ, MD, P.A.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90050 043 ***150.00

Principal Place of Business

~~536 SW 18TH AVENUE~~
~~MIAMI FL 33135~~

Mailing Address

~~536 SW 18TH AVENUE~~
~~MIAMI FL 33135-3409~~

NEW ADDRESS FOR PLACE OF BUSINESS & MAIL

2. Principal Place of Business

DEERING HOSPITAL MEDICAL Office Building 9380 S.W. 150th St.

Suite, Apt. #, etc.

Suite # 260

City & State

Miami, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 33157

Country Dade

Zip 33157

Country Dade

Zip 33157

Country Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0679739

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

HERNANDEZ, EUSEBIO G
536 SW 18TH AVENUE
MIAMI FL 33135

NEW ADDRESS:

DEERING HOSP. MEDICAL OFF. BLDG.
9380 SW 150TH ST, SUITE 260
MIAMI, FL 33157-1780

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 PD
NAME HERNANDEZ, EUSEBIO G
STREET ADDRESS ~~536 SW 18TH AVENUE~~
CITY-ST-ZIP ~~MIAMI FL 33135~~

☐ Delete

NEW ADDRESS (HOME) →

TITLE MD.
NAME HERNANDEZ, EUSEBIO
STREET ADDRESS 7341 S.W. 68 CT.
CITY-ST-ZIP Miami FL 33143-4405

☒ Change ☐ Addition

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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: EUSEBIO G. HERNANDEZ, M.D. 3/30/00 1-800-830-7416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (9/99)