

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90010 039 ***150.00

DOCUMENT # P96000069006

1. Entity Name

F. JAVIER RUIZ, M.D. & ASSOCIATES, P.A.

Principal Place of Business

3659 S MIAMI AVE

~~STE 6004~~

MIAMI FL 33133

Mailing Address

3659 S MIAMI AVE

SUITE ~~4001~~

MIAMI FL 33133

2. Principal Place of Business

3659 S. Miami Ave

3. Mailing Address

3659 S. Miami Ave

Suite, Apt. #, etc.

5008

Suite, Apt. #, etc.

5008

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33133

Country

USA

Zip

33133

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0718196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, F. JAVIER M.D.

3659 S MIAMI AVE

STE. ~~6004~~ 5008

MIAMI FL 33133

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 **F. Javier Ruiz, M.D. + Associates, P.A.**

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, 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 **D** ☐ Delete
NAME **JAVIER, RUIZ F**
STREET ADDRESS **3659 S. MIAMI AVE. STE. ~~6004~~**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **F. JAVIER RUIZ MD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3659 S. MIAMI AVE.**
CITY-ST-ZIP **SUITE # 5008; MIAMI, FL. 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1-8-2002 (305) 2859432

CR2002 (9/01)