

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073183

1. Entity Name

MIAMI ORTHOPAEDIC CONSULTANTS, INC.

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90507 001 \*\*\*\*75.00

04-26-2000 90507 002 \*\*\*\*75.00

Principal Place of Business

7000 SW 97 AVENUE  
#10 200  
MIAMI FL 33173  
US

Mailing Address

7000 SW 97 AVENUE  
#10 200  
MIAMI FL 33173-1474  
US

10129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7000 SW 97th Ave  
Suite 200

3. Mailing Address

7000 SW 97th Ave  
Suite 200

City & State

Miami FL 33173

City & State

Miami FL

4. FEI Number

65-0712245

Applied For

Not Applicable

Zip

Country

33173

Zip

Country

33173

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

STANZIOLA, FELIX M A  
7000 SW 97 AVE #110 200  
MIAMI FL 33173

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 ☐ Delete  
NAME D  
STREET ADDRESS STANZIOLA, FELIX  
CITY-ST-ZIP 7000 SW 97 AVE #110  
MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 200  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CORCES, ARTURO  
CITY-ST-ZIP 7000 SW 97 AVE #110  
MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 200  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Felix M A Stanziola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00 (305)595 0719  
Date Daytime Phone #