

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094473

1. Entity Name

PATRICIA CEBALLOS, M.D., P.A.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90067 003 \*\*\*150.00

Principal Place of Business

10200 COMMERCE PARKWAY  
ROOM 107  
MIRAMAR FL 33025  
US

Mailing Address

1408 S BAYSHORE DR  
804  
MIAMI FL 33143-3275  
US

2. Principal Place of Business

4620 W. COMMERCIAL BLVD

3. Mailing Address

6755 MAGNOLIA CT.

Suite, Apt. #, etc.

SUITES 1+2

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMARAC, FL

City & State

MIAMI, FL

4. FEI Number

65-0729019

Applied For

Not Applicable

Zip

33319

Country

BROWARD

Zip

33143

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEITZMAN, JACK L  
11420 S.W. 109 ROAD  
MIAMI FL 33176

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

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

TITLE PD  
NAME CEBALLOS, PATRICIA  
STREET ADDRESS 10200 COMMERCE PKWY, 107  
CITY-ST-ZIP MIRAMAR FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PATRICIA CEBALLOS  
STREET ADDRESS 4620 W. COMMERCIAL BLVD  
CITY-ST-ZIP SUITES 1 and 2; TAMARAC, FL 33319

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Patricia Ceballos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Date

739 7764

Daytime Phone #

CR2E034 (9/99)