

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90011 015 ***150.00

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DOCUMENT # P97000012510

1. Entity Name
ALFREDO PINIELLA M.D., P.A.

Principal Place of Business
248 NAVARRE DRIVE
MIAMI SPRINGS FL 33166-5818
US

Mailing Address
248 NAVARRE DRIVE
MIAMI SPRINGS FL 33166-5818
US



2. Principal Place of Business
2001 N.W. 7th Street

3. Mailing Address

Suite, Apt. #, etc.
Suite #304

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33125

Country
USA

Zip

Country

4. FEI Number
65-0726258

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

PINIELLA, ALFREDO
248 NAVARRE DRIVE
MIAMI SPRINGS FL 33166

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PINIELLA, ALFREDO
248 NAVARRE DRIVE
MIAMI SPRINGS FL 33166-5818

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3/14/02

Date

✓ (305) 863-0966

Daytime Phone #

CR2E034 (9/01)