

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017528

1. Entity Name

MIGUEL COYA, M.D., P.A.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90075 033 \*\*\*150.00

Principal Place of Business

Mailing Address

11046 W. FLAGLER ST.  
 MIAMI FL 33174-1222

11046 W. FLAGLER ST.  
 MIAMI FL 33174-2922

2. Principal Place of Business

9830 SW 13<sup>TH</sup> TER

3. Mailing Address

9830 SW 13<sup>TH</sup> TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0730339

Applied For

Not Applicable

Zip

33174

Country

Zip

33174

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COYA, MIGUEL  
 11046 W. FLAGLER ST.  
 MIAMI FL 33174-1222

7. Name and Address of New Registered Agent

Name MIGUEL COYA M.D., P.A.

Street Address (P.O. Box Number is Not Acceptable)

9830 SW 13<sup>TH</sup> TER

City

MIAMI

FL

Zip Code

33174

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 MIGUEL COYA M.D., P.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-28-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COYA, MIGUEL	11046 W. FLAGLER ST.	MIAMI FL 33174-1222	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MIGUEL COYA M.D., P.A.	9830 SW 13 <sup>TH</sup> TER	MIAMI, FL. 33174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: MIGUEL COYA M.D., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

DATE

(305)553-4466

DAYTIME PHONE #

CR2E034 (9/99)