

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024857

1. Entity Name

ELVIRA TENRYS, MD, P.A.

R

Principal Place of Business

12440 SW 31 ST.
MIAMI FL 33175

Mailing Address

12440 SW 31 ST.
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0735988

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

TENRYS, ELVIRA
12440 SW 31 ST.
MIAMI FL 33175

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME TENRYS, ELVIRA G
STREET ADDRESS 12440 SW 31 ST
CITY-ST-ZIP MIAMI FL 33175

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

7/25/2000

(305) 553-1195

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
P97000024857

AW76280

Miami, July 25, 2000

TO: Florida Dept. of State
Division of Corporations
Tallahassee, Florida

FROM: Elvira Tenrys, M.D.,P.A.
P97000024857
12440 S.W. 31 Street
Miami, Florida 33175

RE: 2000 Uniform Business Report File Fee

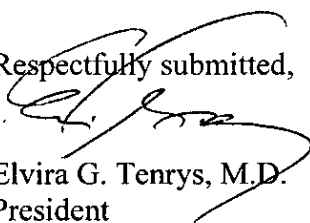
To Whom It May Concern:

As per telephone conversation with Florida Dept. of State officer on 7/25/00 at approximately 9:45a.m., this letter serves to officially notify the Florida Department of State that the reason the above named corporation did not file the 2000 Business Report File Fee on first notice was because it was not received in the mail.

It is understood, as explained by the aforesated officer, that the original first notice filing fee of \$150.00 would still be acceptable under these circumstances.

Hence, as agreed, the above corporation has duly notified the State through this letter and is adjoining the \$150.00 filing fee.

Respectfully submitted,



Elvira G. Tenrys, M.D.
President