

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044138

1. Entity Name

MARIO R. LLANERAS, M.D., P.A.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90037 003 ***150.00

Principal Place of Business

Mailing Address

711 ORIOLE AVENUE
MIAMI SPRINGS FL 33166

3661 S. MIAMI AVE. #609
MIAMI FL 33133-4214

2. Principal Place of Business

3661 S. Miami Ave

3. Mailing Address

3661 S. Miami Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 909

Suite 909

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33133

USA

33133

USA

6. Name and Address of Current Registered Agent

LLANERAS, MARIO R M.D.
711 ORIOLE AVENUE
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name

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

3661 S. Miami Ave, Suite 909

City

FL

Zip Code
33133

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 P
NAME LLANERAS, MAIRO R M.D.
STREET ADDRESS 711 ORIOLE AVENUE
CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3661 S. Miami Ave, Suite 909
CITY-ST-ZIP Miami, FL 33133

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

36.00 (305) 856-1181