

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044587

1. Entity Name
PHYSICIAN 2000, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90176 001 ***150.00
05-16-2001 90176 002 *****8.75

0220512

Principal Place of Business

11880 BIRD ROAD
SUITE 119
MIAMI FL 33175

Mailing Address

11880 BIRD ROAD
SUITE 119
MIAMI FL 33175

72193

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0757080

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MUNOZ, ANICETO MD
2601 S.W. 37TH AVE
SUITE 702
MIAMI FL 33133

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, 2001 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 P
NAME MUNOZ, ANICETO
STREET ADDRESS 2601 SW 37 AVE., 702
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE President
NAME Depena Frank
STREET ADDRESS 11880 Bird Rd Suite 119
CITY-ST-ZIP Miami FL 33175

TITLE V
NAME DEPENA, FRANK
STREET ADDRESS 11880 BIRD ROAD, SUITE 119
CITY-ST-ZIP MIAMI FL 33175

TITLE Vice
NAME Munoz Aniceto
STREET ADDRESS 11880 Bird Rd Suite 119
CITY-ST-ZIP Miami FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

CR2E034 (10/00)