

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047955

1. Entity Name

E G PEDIATRICS, P.A.

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

03-10-2000 90025 008 ***150.00

Principal Place of Business

11760 S.W. BIRD ROAD
SUITE 442
MIAMI FL 33175

Mailing Address

3676 SOUTHWEST 2ND STREET
MIAMI FL 33135-1006

0 0 0 0 4 0

2. Principal Place of Business

11880 BIRD RD
Suite, Apt. #, etc.
STE 202

3. Mailing Address

3676 SW 2ND ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0758526

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33135

Country

USA

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

ESTRADA-GUEVARA, MARTHA R
11760 SW BIRD ROAD STE 442
MIAMI FL 33175

Name

ESTRADA-GUEVARA, MARTHA R

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

3676 SW 2ND ST

City

MIAMI

FL

Zip Code

33135

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

Martha R Estrada-Guevara, M.D., P.A.

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

(NOTE: Registered Agent signature required when reinstating)

03/06/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESTRADA-GUEVARA, MARTHA R MD	
STREET ADDRESS	3676 SW 2 ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUEVARA CARLOS M MD	
STREET ADDRESS	3676 SW 2ND ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Martha R Estrada-Guevara, M.D., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/00

DATE

305-444-1254

Daytime Phone #

CR2E034 (9/99)