

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094390

1. Entity Name

ANTONIO V. RIVERA, M.D., P.A.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90030 017 ***550.00

Principal Place of Business

425 S. KINGS AVENUE
BRANDON FL 33511

Mailing Address

425 S. KINGS AVENUE
BRANDON FL 33511

2. Principal Place of Business

320 Oakfield Drive

Suite, Apt. #, etc.

Suite C

City & State

Brandon, FL

Zip

33511

Country

U.S.A.

3. Mailing Address

320 Oakfield Drive

Suite, Apt. #, etc.

Suite C

City & State

Brandon, FL

Zip

33511

Country

U.S.A.

4. FEI Number

59-3480328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ANTONIO V
425 S. KINGS AVENUE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

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

320 Oakfield Drive, Suite C

City

Brandon

FL

Zip Code

33511

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIVERA, ANTONIO V	
STREET ADDRESS	425 S. KINGS AVENUE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	RIVERA, ROCIO	
STREET ADDRESS	425 S. KINGS AVENUE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, ROCIO	
STREET ADDRESS	425 S. KINGS AVENUE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	320 Oakfield Drive, Suite C	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	320 Oakfield Drive, Suite C	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	320 Oakfield Drive, Suite C	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 another I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-21-00