

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099787

1. Entity Name:

HERNAN DIAZ-BOLANO, M.D., P.A.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90006 015 ***550.00

Principal Place of Business

Mailing Address

~~3609 SUNSET DRIVE~~
~~MIAMI FL 33173~~

~~3609 SUNSET DRIVE~~
~~MIAMI FL 33173~~

2. Principal Place of Business

7031 SW 62 Avenue

3. Mailing Address

7031 SW 62 Avenue

Suite, Apt. #, etc.

5th Floor

Suite, Apt. #, etc.

5th Floor

City & State

South Miami, FL.

City & State

South Miami, FL.

Zip

33143

Country

Zip

33143

Country

4. FEI Number

65-0796536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLANO, HERNAN DIAZ DR.
8200 MILLER DRIVE
MIAMI FL 33155

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **DIAZ BOLANO, HERNAN DR.**
STREET ADDRESS **8200 MILLER DRIVE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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 #

Hernan Diaz Bolano **Hernan Diaz-Bolano, MD** 7/28/00 (305) 284-7790
(305) 271-6466

CR2E034 (5/00)