

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100240

1. Entity Name
RAMONA ARIAS, M.D., P.A.

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FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90019 018 ***150.00

Principal Place of Business
4880 49TH ST. N.
ST. PETERSBURG FL 33709

Mailing Address
4880 49TH ST. N.
ST. PETERSBURG FL 33709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number 59-3479113

Applied For
Not Applicable

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

ARIAS, RAMONA
4880 49TH ST. N.
ST. PETERSBURG FL 33709

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
ARIAS, RAMONA
1942 DOLPHIN BLVD. S.
ST. PETERSBURG FL 33707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

CFE004 (1/00)



DOC # P97000100240

B0103777

Ramona Arias, M.D., P.A.

July 20, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

RE: Ramona Arias, M.D., P.A.
FEI #: 59-3479113

Please be advised that earlier this year I contacted your office to advise that we had not received an annual report form. We never did receive the initial report, however recently I received a "Second Notice" and a request for a \$550 fee instead of the \$150 initial fee. I notified your office and was told to send in the form with the \$150 fee and a letter of explanation, requesting a waiver of the \$400 penalty.

Should you require additional information, please do not hesitate to contact this office at (727) 526-9019.

Sincerely,

Ramona Arias, MD

GH