

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108755

1. Entity Name

CHARLOTTE CARDIAC RESEARCH CENTER, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90083 012 ***150.00

Principal Place of Business

2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952-5132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0820826

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

LOPEZ, MARIO J
2885 TAMiami TRAIL
PORT CHARLOTTE FL 33952

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D.	CONNELLY, TERENCE P	2854 DON QUIXOTE DR.							
			PUNTA GORDA FL 33950							
	D.	LOPEZ, MARIO J	263 GEORGE RD.							
			PORT CHARLOTTE FL 33952							
	D.	CONNELLY, TERENCE P	2854 DON QUIXOTE DR.			D.	Cossu, Sergio			<input checked="" type="checkbox"/> Addition
							P.O. Box 3059			
							Pt Charlotte, FL 33949			

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario J. Lopez,
President

3/16/2000 (941) 764-5858

Date

Daytime Phone #

CR2E034 (9/99)