

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108775

1. Entity Name

GEORGE M. SUAREZ, M.D., P.A.

Principal Place of Business

7000 SW 62 AVE. SUITE 100
MIAMI FL 33143
US

Mailing Address

7000 SW 62 AVE. SUITE 100
MIAMI FL 33143
US

2. Principal Place of Business

George M Suarez M.D. #
7000 SW 62 AVE #100
City & State
Miami - Fla.

3. Mailing Address

7000 SW 62 AVE #100
Suite, Apt. #, etc.
Miami Fla
City & State

Zip
33143

Country
USA

Zip
33143

Country
USA

4. FEI Number
65-0802300

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, GEORGE M
7000 SW 62 AVE. SUITE 100
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name George M Suarez
Street Address (P.O. Box Number is Not Acceptable)
7000 SW 62 AVE #100
City S. Miami FL Zip Code 33143

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

N/A.
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 12, 2001 Fee 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 P/D
NAME SUAREZ, GEORGE M
STREET ADDRESS 7000 SW 62 AVE. SUITE 100
CITY-ST-ZIP SOUTH MIAMI FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 registered agent 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 to this report with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-01-2001 90197 028 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)