

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001672

1. Entity Name

AURELIO JOSE FERNANDEZ, DMD, PA

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90153 030 \*\*\*150.00

Principal Place of Business

5210 SAN ANTONIO DRIVE  
 CORAL GABLES FL 33146

Mailing Address

5210 SAN ANTONIO DRIVE  
 CORAL GABLES FL 33146

2. Principal Place of Business

5210 SAN AMARO Drive

3. Mailing Address

5210 SAN AMARO Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL Gables FL

City & State

CORAL Gables FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip 33146

Country

USA

Zip

33146

Country

USA

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

FERNANDEZ, AURELIO J  
 2140 SW 16 ST.  
 MIAMI FL 33134

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 **FERNANDEZ, AURELIO J**  
 STREET ADDRESS **5210 SAN AMARO DRIVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

*Aurelio J Fernandez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
P98000001672  
00075834

Aurelio Jose Fernandez, DMD, PA  
5210 San Amaro Drive  
Coral Gables, Florida 33146

July 24, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To whom it May Concern:

This is in response to document #P98000001672. I never received the form on a timely basis due to an error in the principal place of business and mailing address, the address is listed as "San Antonio Drive" this is incorrect. The correct address is San Amaro Drive. In section 11 the correct address is listed as 5210 San Amaro Drive, Coral Gables, Florida 33146. I am enclosing check #1477 for \$150.00, please update your records and waive any late fees.

Thank-you for your prompt attention to this matter.

Sincerely



Aurelio J. Fernandez, DMD, PA