

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000001672**

1. Entity Name

**Aurelio J. Fernandez DMD, PA**

Principal Place of Business

Mailing Address

**5210 SAN AMARO Drive  
CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

**5210 SAN AMARO Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CORAL GABLES FL 33146**

Zip

Country

Zip

Country

**33146**

**USA**

4. FEI Number

**05-1042517**

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

**Aurelio J. Fernandez  
5210 SAN AMARO Drive  
CORAL GABLES FL 33146**

Name

**N/A**

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

*Aurelio J. Fernandez*

**04/10/2001**

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, 2001 Fee will be \$350.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing ☐

**\$5.00 May Be Added to Fees.**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AURELIO J. FERNANDEZ** ☐ Delete  
NAME  
STREET ADDRESS **5210 SAN AMARO DRIVE**  
CITY-ST-ZIP **CORAL GABLES FLORIDA 33146**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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*

**4/10/2001**

**305 552-5511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90390 011 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (1/00)