

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90031 003 ***150.00

DOCUMENT # P98000015875

1. Entity Name

GINA M. DELGARDO, PHD. P.A.

Principal Place of Business

4850 WEST OAKLAND PARK BLVD.
 SUITE 100
 FT. LAUDERDALE FL 33313

Mailing Address

4850 WEST OAKLAND PARK BLVD.
 SUITE 100
 FT. LAUDERDALE FL 33313-7268

2. Principal Place of Business

4850 W Oakland Park Blvd

3. Mailing Address

same

Suite, Apt. #, etc.

- Suite 100

Suite, Apt. #, etc.

City & State

City & State

Ft Lauderdale FL

Zip

33313

Country

USA

Zip

Country

4. FEI Number

65-0829436

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELGARDO, GINA M
 4850 WEST OAKLAND PARK BLVD.
 SUITE 100
 FT. LAUDERDALE FL 33313

7. Name and Address of New Registered Agent

same
 Name: Gina M Delgado
 Street Address (P.O. Box Number is Not Acceptable): 4850 W Oakland Park Blvd
 Suite 100
 City: Ft Lauderdale FL Zip Code: 33313

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DEL GARDO, GINA	8981 NW 78 ST #274	TAMARAC FL 33321	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/26/2000 954-730-2789