

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027669

1. Entity Name

MARK A. CORDERO, P.A.

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90248 031 \*\*\*150.00

AUG 15 01



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7975 MIAMI LAKES DRIVE, SUITE 360  
MIAMI LAKES FL 33016

Mailing Address

7975 MIAMI LAKES DRIVE, SUITE 360  
MIAMI LAKES FL 33016

2. Principal Place of Business

1790 W 49th St. 118

3. Mailing Address

Suite, Apt. #, etc.

City & State

HALEAH FL

City & State

HALEAH FL

4. FEI Number 65-0868492

Applied For

Not Applicable

Zip 33012

Country DADE FL

Zip

Country

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

CORDERO, MARK A

7975 MIAMI LAKES DRIVE, SUITE 360

MIAMI LAKES FL 33016

835 LAKE BISCAWNE WAY  
KISSIMMEE FL 32824

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	D CORDERO, MARK A 7975 MIAMI LAKES DRIVE, SUITE 360 MIAMI LAKES FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CORDERO, MARK A 7975 MIAMI LAKES DRIVE, SUITE 360 MIAMI LAKES FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	835 LAKE BISCAWNE WAY KISSIMMEE, FL 32824	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	835 LAKE BISCAWNE WAY KISSIMMEE FL 32824	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/01 305 827 2800

Date

Daytime Phone #

CR2E034 (10/00)