

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031853

1. Entity Name

FRANCISCO AGUILO-SEARA, M.D., P.A.

Principal Place of Business

395 N COURTENAY PKWY
STE 107
MERRITT ISLAND FL 32953

Mailing Address

23 COUNTRY CLUB ROAD
COCOA BEACH FL 32931

2. Principal Place of Business

1395 N. Courtenay Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3501059

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

KOSTRO, VICTOR S
1825 RIVERVIEW DRIVE
MELBOURNE FL 32901

Name

DAVID J. WOLFMAN ESQ.

Street Address (P.O. Box Number is Not Acceptable)

200 W. MERRITT ISL. CSWY

City

MERRITT ISLAND

FL

Zip Code

32952

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.

4-27-01

(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 \$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 D ☐ Delete
NAME AGUILO-SEARA, FRANCISCO MD
STREET ADDRESS 23 COUNTRY CLUB ROAD
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE P/V/T/S/D ☒ 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
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TITLE ☐ Delete
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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:

Francisco Aguiló-Seara 4/26/01 (321) 452-5563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)