

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046503

1. Entity Name

GINA MORGAN-SMITH MD, PA

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90037 039 \*\*\*150.00

Principal Place of Business

174 NE 96TH STREET  
MIAMI SHORES FL 33138

Mailing Address

174 NE 96TH STREET  
MIAMI SHORES FL 33138-2726

2. Principal Place of Business

*Note: change*  
1190 NW 95th St.  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 530096  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Florida

City & State

Miami Shores, FL

4. FEI Number

65-0838734

Applied For

Not Applicable

Zip

33150

Country

US

Zip

33153-0096

Country

U.S.

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

MORGAN-SMITH, GINA  
174 NE 96TH STREET  
MIAMI SHORES FL 33138

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MORGAN SMITH, GINA MDPA	
STREET ADDRESS	174 NE 96TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINA MORGAN-SMITH, MDPA	
STREET ADDRESS	PO Box 530096	
CITY-ST-ZIP	Miami Shores, FL 33153-0096	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)