

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057456

1. Entity Name

RAFAEL L. ROCHA, M.D., P.A.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90039 015 ***150.00

Principal Place of Business

6450 38TH AVE N
STE 300
SAINT PETERSBURG FL 33716

Mailing Address

PO BOX 66837 640
ST-PETERSBURG-FL 33738

A0009836



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

640 TYRONE BLVD

3. Mailing Address

640 TYRONE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip

33710

Country

Zip

33710

Country

4. FEI Number

59-3523105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCHA, RAFAEL L
640 TYRONE BLVD., NORTH
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

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, 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

TITLE D ☐ Delete
NAME ROCHA, RAFAEL L
STREET ADDRESS 6421 3RD PALM PT
CITY-ST-ZIP SAINT PETERSBURG FL 33706

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☒ Change ☐ Addition
NAME ROCHA, RAFAEL L
STREET ADDRESS 640 TYRONE BLVD
CITY-ST-ZIP ST PETERSBURG, FLA 33710

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(l), 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

1/24/01 727-347-6577
Date Daytime Phone #

CR2E034 (10/00)