

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071062

1. Entity Name

HECTOR M. DELGADO, D.O., P.A.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90076 030 ***150.00

Principal Place of Business

3506 S.W. 113TH PLACE
MIAMI FL 33165

Mailing Address

3506 S.W. 113TH PLACE
MIAMI FL 33165-3416

2. Principal Place of Business

8740 NORTH KENDALL DRIVE

3. Mailing Address

8740 NORTH KENDALL DRIVE

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33176 USA

Zip

Country

33176 USA

6. Name and Address of Current Registered Agent

ESPINOSA, GERARDO
10991 S.W. 40TH STREET
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

Hector M. Delgado

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

8740 NORTH KENDALL DRIVE

Suite 101

City

MIAMI

FL

Zip Code

33176

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]
Signature, typed or printed name of registered agent and title if applicable.

Hector M. Delgado
(NOTE: Registered Agent signature required when reappointing)

DATE

4/3/00

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	PTD	<input type="checkbox"/> Delete
NAME	DELGADO, HECTOR M	
STREET ADDRESS	3506 S.W. 113TH PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		OF ADDRESSES
STREET ADDRESS	7421 SW 161 PLACE	
CITY-ST-ZIP	MIAMI FL 33193	
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		
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 same like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/00

Daytime Phone #

305 279 0111

CR2E034 (9/99)