

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 24, 2000 8:00 am**
Secretary of State

02-24-2000 90001 044 ***150.00

DOCUMENT # P98000071230

1. Entity Name

WOHLFEILER, PIPERATO & KING, M.D., P.A.

Principal Place of Business

**1680 MERIDIAN AVE.
STE # 220
MIAMI BEACH FL 33139**

Mailing Address

**1602 ALTON ROAD
STE # 585
MIAMI BEACH FL 33139-2421**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0857935

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATAS, RAQUEL M
4000 INTERNIONAL PLACE-100 SE 2ND ST
MIAMI FL 33131**

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, 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 **P** ☐ Delete
NAME **WOHLFEILER, MICHAEL**
STREET ADDRESS **3685 ROYAL PLAM AVE**
CITY-ST-ZIP **COCONUT GROVE FL 33133**TITLE **S** ☐ Delete
NAME **PIPERATO, JOSEPH**
STREET ADDRESS **2899 COLLINS AVE. #801**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE **V** ☐ Delete
NAME **KING, KEVIN**
STREET ADDRESS **10450 NE 1ST AVE.**
CITY-ST-ZIP **MIAMI SHORES FL 33138**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **S PIPERATO, JOSEPH**
STREET ADDRESS **16 Island Avenue, #3E**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**TITLE ☒ Change ☐ Addition
NAME **V King, KEVIN**
STREET ADDRESS **1615 Meridian Ave. #402**
CITY-ST-ZIP **Miami Shores Miami Beach, FL 33139**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/02/2000 538-4400

CR2E034 (9/99)