

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90019 014 \*\*\*150.00

**B0088914**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P98000080518  
**1. Entity Name**  
 Carlos E. Coelho, M.D., P.A.

**Principal Place of Business**  
 2110 Biscayne Blvd.  
 # 205  
 N. Miami, FL 33180

**Mailing Address**  
 2110 Biscayne Blvd.  
 # 205  
 N. Miami, FL 33180

**2. Principal Place of Business**  
 c/o Marc H. Querbach  
 Suite, Apt. #, etc.  
 2015 Biscayne Blvd, # 2000  
 City & State  
 Miami, FL

**3. Mailing Address**  
 c/o Marc H. Querbach  
 Suite, Apt. #, etc.  
 2015 Biscayne Blvd, # 2000  
 City & State  
 Miami FL

**Zip** 33131 **Country**

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**4. FEI Number** 65-0862975  
 Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 Marc H. Querbach, Esq.  
 2015 Biscayne Blvd.  
 # 2000  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST/D Carlos E. Coelho, M.D. 2110 Biscayne Blvd., # 205 N. Miami, FL 33180	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** \_\_\_\_\_ **4/27/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)