

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090538

1. Entity Name

NANCY E. BONACHEA, M.D., P.A.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90011 010 ***150.00

Principal Place of Business

5950 SUNSET DRIVE
MIAMI FL 33143

Mailing Address

14520 SW 64 CT
MIAMI FL 33158-1816
US

2. Principal Place of Business

3. Mailing Address

2608 WHIRLAWAY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FLORENCE S.C.

Zip

Country

Zip

Country

29505

US

4. FEI Number

65-0870456

Applied For

Not Applicable

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

BONACHEA, NANCY E
5950 SUNSET DRIVE
MIAMI FL 33143

Name

ELLIOTT J. GELFAND

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

10691 N. KENDALL DR

SUITE 301

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]

ELLIOTT J. GELFAND

2/10/2000

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 PD
STREET ADDRESS BONACHEA, NANCY C
CITY-ST-ZIP 14520 SW 64 CT
MIAMI FL 33148

☐ Delete

TITLE
NAME PD
STREET ADDRESS BONACHEA, NANCY E
CITY-ST-ZIP 2608 WHIRLAWAY AVE
FLORENCE S.C. 29505

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

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

2/20/2000

(843) 644 9393

Date

Daytime Phone #

CR2E034 (9/99)