

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-19-2001 90476 003 ***150.00

DOCUMENT # P98000103740

1. Entity Name
MARIA E. HOFFMAN-GUARDIA, M.D., P.A.

Principal Place of Business Mailing Address
 15200 S.W. 81ST AVE 15200 S.W. 81ST AVE
 MIAMI FL 33157 MIAMI FL 33157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
304 Toucan Ave. **304 Toucan Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Mc Allen, TX **McAllen, TX**

Zip Country Zip Country
78504 **US** **78504** **US**

4. FEI Number Applied For
65-0898953 Not Applicable

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

6. Name and Address of Current Registered Agent
HOFFMAN-GUARDIA, MARIA E MD
15200 S.W. 81ST AVE
MIAMI FL 33157

7. Name and Address of New Registered Agent
 Name **Same**
 Street Address (P.O. Box Number is Not Acceptable) **9805 NW 52 ST**
~~304 Toucan Ave.~~ #213
 City **Mc Allen Miami FL** Zip Code ~~78504~~ **33178**

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 *Maria E. Hoffman-Guardia* **Maria E. Hoffman-Guardia** **3/14/01**
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. **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 NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN-GUARDIA, MARIA E 15200 S.W. 81ST AVE 9805 NW 52 ST MIAMI FL 33157 Miami, FL 33178 #213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Maria E. Hoffman-Guardia* **Maria E. Hoffman-Guardia** **3/14/01**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

(956)631-9897

CR2E034 (10/00)