

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017232

1. Entity Name

DELGADO & FLEITES, M.D., P.A.

FILED

Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90097 050 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O ROLLNICK & LINDEN, P.A.  
133 SEVILLA  
CORAL GABLES FL 33134

C/O ROLLNICK & LINDEN, P.A.  
133 SEVILLA  
CORAL GABLES FL 33134-6006

2. Principal Place of Business

9220 SW. 72nd Street

3. Mailing Address

9220 SW. 72nd Street

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

Country

33173-3259 U.S.A.

Zip

Country

33173-3259 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0899969

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

LOPEZ, PETER M  
C/O ROLLNICK & LINDEN, P.A.  
133 SEVILLA  
CORAL GABLES FL 33134

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 D ☐ Delete  
NAME DELGADO, JOSE M PA MD  
STREET ADDRESS 9834 S.W. 56TH TERR.  
CITY-ST-ZIP MIAMI FL 33173

TITLE P/T ☒ Change ☐ Addition  
NAME DELGADO, JOSE M. JR. MD  
STREET ADDRESS 9220 SW 72nd STREET, Suite 102  
CITY-ST-ZIP MIAMI, FL 33173-3259

TITLE D ☐ Delete  
NAME FLEITES, JORGE  
STREET ADDRESS 10271 S.W. 20TH ST.  
CITY-ST-ZIP MIAMI FL 33165

TITLE V/S ☒ Change ☐ Addition  
NAME FLEITES, JORGE MD  
STREET ADDRESS 9220 SW 72nd STREET, Suite 102  
CITY-ST-ZIP MIAMI, FL 33173-3259

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. Delgado, Jr., MD  
PRESIDENT/TREASURER

3/22/00

Date

305 274-6422

Daytime Phone #