

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025784

1. Entity Name

RODOLFO TREJO, M.D., P.A., NEIGHBORHOOD FAMILY D

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90090 004 \*\*\*150.00

Principal Place of Business

Mailing Address

4777 N. CONGRESS AVE.

4777 N. CONGRESS AVE.

LANTANA FL 33462

LANTANA FL 33462

Boynton Bch Fla  
33426

B0006947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4777 N. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0904558

Applied For

Not Applied

Zip

Country

Zip

Country

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

TREJO, RODOLFO  
4777 N. CONGRESS AVE.

LANTANA FL 33462

Boynton Bch Fla  
33426

Name

RODOLFO TREJO, M.D.

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

4777 N. CONGRESS AVE

Boynton Bch

City

FL

Zip Code

33426

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	<input type="checkbox"/> Delete
NAME	TREJO, RODOLFO	
STREET ADDRESS	4777 N. CONGRESS AVE.	
CITY-ST-ZIP	LANTANA FL 33462	
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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  
Rodolfo Trejo

Date

Daytime Phone #

1/17/00 561 969 177