2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027954

1. Entity Name

KERI M. POMELLA, O.D., P.A.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90063 008 ***150.00

Principal Place of Business	Mailing Address
~~1850 N.E. 86TH STREET~~ ~~SUITE 1-D~~ ~~NORTH MIAMI BEACH FL 33179~~	~~1850 N.E. 86TH STREET~~ ~~SUITE 1-D~~ ~~NORTH MIAMI BEACH FL 33179~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3552 MAGELLAN CIR		3552 MAGELLAN CIR	
Suite, Apt. #, etc.: #124		Suite, Apt. #, etc.: #124	
City & State: MIAMI, FL		City & State: MIAMI FL	
Zip: 33180	Country: DADE	Zip: 33180	Country: DADE

4. FEI Number 65-0906681 ☐ 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
POMELLA, KERI M ~~1850 N.E. 86TH STREET~~ ~~SUITE 1-D~~ ~~NORTH MIAMI BEACH FL 33179~~	Name Street Address (P.O. Box Number is Not Acceptable) 3552 MAGELLAN CIR APT 124 City MIAMI FL Zip Code 33180

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	D POMELLA, KERI M OD ~~1850 N.E. 86TH STREET~~ ~~NORTH MIAMI BEACH FL 33179~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3552 MAGELLAN CIR # 124 MIAMI, FL. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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: Keri M Pomella OD, PA — 4/22/00 — 305-931-7297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #