

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041056

1. Entity Name  
WILJON W. BELTRE, M.D., P.A.

Principal Place of Business  
685 PALM SPRINGS DRIVE  
SUITE 1C  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
685 PALM SPRINGS DRIVE  
SUITE 1C  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number 59-3574176  
Applied For  
Not Applicable

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

### 6. Name and Address of Current Registered Agent

BELTRE, WILSTON W MD  
685 PALM SPEIS DRIVE #C  
ALTAMONTE SPRINGS FL 32701

Name

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

City

FL Zip Code

### 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 PSTD  
NAME BELTRE, WILJON W MD  
STREET ADDRESS 685 PALM SPRINGS DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

Delete

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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: *Wilston W. Beltre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

007357  
AV

FILED  
Aug 11, 2002 8:00 am  
Secretary of State

08-11-2002 90163 012 \*\*\*550.00

B0133839



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

7/9/02 4078306868  
Date Daytime Phone #