

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041191

1. Entity Name

MARIA P. RIVERO, M.D., P.A.

FILED

Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90023 040 ***158.75

Principal Place of Business

Mailing Address

2085 VININGS CIRCLE
#1107
WELLINGTON FL 33414

2085 VININGS CIRCLE
#1107
WELLINGTON FL 33414-2058

2. Principal Place of Business

11440 OKEECHOBEE BLVD

3. Mailing Address

11440 Okeechobee Blvd

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach FL

Zip

33411

Country

PAIM BEACH

Zip

33411

Country

PAIM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0916046

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

RIVERO, MARIA P

2085 VININGS CIRCLE

#1107

WELLINGTON FL 33414

Name

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

11440 OKEECHOBEE BLVD #102

City

Royal Palm Beach

FL

Zip Code

33411

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 ☐ Delete
NAME D
STREET ADDRESS RIVERO, MARIA P
CITY-ST-ZIP 2085 VININGS CIRCLE APT 1107
WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS → 11440 OKEECHOBEE BLVD #102
CITY-ST-ZIP Royal Palm Beach, FL 33411

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
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CITY-ST-ZIP

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

Maria P. Rivero Maria P. Rivero

Date

3/6/2000

Daytime Phone #

(561) 333-6989