

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041524

1. Entity Name

ROSENTHAL, MARSHALL, AMAYA & ANTON, M.D., P.A.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90168 025 ***150.00

Principal Place of Business

3663 S. MIAMI AVENUE
MIAMI FL 33133

Mailing Address

3663 S. MIAMI AVENUE
MIAMI FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0919188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ.
PRESIDENTIAL CIRCLE, SUITE 350 NORTH
4000 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PD ☐ Delete
NAME MARSHALL, JOHN
STREET ADDRESS 4530 NW 23RD TERR
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VD ☐ Delete
NAME ROSENTHAL, KENNETH
STREET ADDRESS 6521 SW 100 STREET
CITY-ST-ZIP MIAMI FL 33156

TITLE SD ☐ Delete
NAME ANTON, XAVIER
STREET ADDRESS 3629 PALMETTO AVE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE TD ☐ Delete
NAME AMAYA, JORGE
STREET ADDRESS 9961 SW 145 ST
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE: X Jorge P. Amaya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge P. Amaya

Date

X 4/12/01

Daytime Phone #

X (305) 254-4590

CR2E034 (10/00)