

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-08-2000 90191 045 ***150.00

DOCUMENT # P99000042917
 1. Entity Name
OMAR CARDENAS, M.D., P.A.

Principal Place of Business 33 S. COMMERCIO ST. STE. D CLEWISTON FL 33440	Mailing Address 33 S. COMMERCIO ST. STE. D CLEWISTON FL 33440
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2. Principal Place of Business 333 S. COMMERCIO ST.	3. Mailing Address 333 S. COMMERCIO ST.
Suite, Apt. #, etc. SUITE D	Suite, Apt. #, etc. SUITE D

City & State CLEWISTON, FL	City & State CLEWISTON, FL
Zip 33440	Country
Country	Zip 33440
Country	Country



4. FEI Number 05-0918375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARDENAS, OMAR MD
~~33 S. COMMERCIO ST. STE. D~~
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name **CARDENAS, OMAR H.D.**
 Street Address (P.O. Box Number is Not Acceptable)
~~333 S. COMMERCIO ST.~~
SUITE D
 City **CLEWISTON** FL Zip Code **33440**

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 _____ (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.

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

TITLE D	<input type="checkbox"/> Delete
NAME CARDENAS, OMAR MD	
STREET ADDRESS 33 S. COMMERCIO ST. STE. D	
CITY-ST-ZIP CLEWISTON FL 33440	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARDENAS, OMAR MD	
STREET ADDRESS 333 S. COMMERCIO ST., STE. D	
CITY-ST-ZIP CLEWISTON, FL 33440	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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 officers empowered.

SIGNATURE: SIGNATURE REQUIRED **3/3/00** **(863) 963-1919**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #