

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

Mailing Address

33 S. COMMERCIO ST. STE. D
CLEWISTON FL 33440

33 S. COMMERCIO ST. STE. D
CLEWISTON FL 33440

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

Zip

33440

Country

4. FEI Number

05-0918375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CARDENAS, OMAR MD
CITY-ST-ZIP 33 S. COMMERCIO ST. STE. D
CLEWISTON FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 CARDENAS, OMAR MD
STREET ADDRESS 333 S. COMMERCIO ST., STE. D
CITY-ST-ZIP CLEWISTON, FL 33440

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

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

TITLE ☐ Change ☐ Addition
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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 officers empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

(863) 963-1919

Daytime Phone #