

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044627

1. Entity Name

ROBERTA MARTIN, M.D., P.A.

R

FILED

Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90003 034 ***150.00

Principal Place of Business

5740 S.W. 64TH AVENUE
SOUTH MIAMI FL 33143-2040

Mailing Address

5740 S.W. 64TH AVENUE
SOUTH MIAMI FL 33143-2040

2. Principal Place of Business

7058 SW 53 Lane

Suite, Apt. #, etc.

Attn

3. Mailing Address

7058 SW 53 Lane

Suite, Apt. #, etc.

City & State

Miami, Fla

City & State

MIAMI FLA

Zip

33155

Country

State

Zip

33155

Country

State

4. FEI Number

65-0940138

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



✓ EIN

6. Name and Address of Current Registered Agent

MARTIN, ROBERTA MD
5740 S.W. 64TH AVENUE
SOUTH MIAMI FL 33143-2040

7. Name and Address of New Registered Agent

Name

SAME AS ABOVE

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 *Roberta Martin MD*

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, 2000 Min. 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 **D** ☐ Delete
NAME **MARTIN, ROBERTA**
STREET ADDRESS **5740 S.W. 64TH AVENUE**
CITY-ST-ZIP **SOUTH MIAMI FL 33143-2040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **NONE**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: *Roberta Martin MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Date

305-665-6633

Daytime Phone #

Attachment
DHP99000462
DW7351

ROBERTA MARTIN, MD PA
Family Practice
Spec: Locum tenens

7058 SW 53 Lane
~~5740 S.W. 64 Ave.,~~
South Miami, FL ~~33143~~ 33155

Tel. 305-665-6633

7/17/00

In Re:

2000 Uniform Business Report.

Dear Sir:

Please be advised that in accordance with telephone conversation this date with "Gary" of your office, attached please find \$150.00, check #1056, representing annual fees pertaining to referenced subject matter.

During the month of April 2000, after residing 32 years in a substantial sized residence (my business address also) we downsized to a four house and moved. Needless to say, we are still clearing out our former residence and living out of boxes in our new residence.

We also have my invalid, elderly father living with us, which has somewhat compounded the general disarray and confusion attendant to this venture.

I never received the earlier notification, probably secondary to moving and this is my initial foray into the complex world of all taxes & regulations pertaining to individual business. — a learning experience to say the least.

Please consider the above and waive the penalty for late payment. Your cooperation would be greatly appreciated.

Very truly yours,
Roberta Martin MD