

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90262 045 ***150.00

DOCUMENT # P99000047184

1. Entity Name

MINERVA SANTO-TOMAS, M.D., P.A.

Principal Place of Business

Mailing Address

**2151 LEJEUNE RD
#309
CORAL GABLES FL 33134
US**

**2151 LEJEUNE RD
#309
CORAL GABLES FL 33134
US**

2. Principal Place of Business

3. Mailing Address

P. O. BOX 144396

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Coral Gables, FL

4. FEI Number **65-0926405**

Applied For

Not Applicable

Zip

Country

Zip
33114-4396

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name
MINERVA SANTO-TOMAS, M.D.

Street Address (P.O. Box Number is Not Acceptable)
2151 Le Jeune Road

Suite 309

City
Coral Gables,

FL

Zip Code
33134

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 DATE **4/12/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SANTO-TOMAS, MINERVA
2151 LEJEUNE RD SUITE 309
CORAL GABLES FL 33134** ☐ Delete

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

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☐ Change ☐ Addition

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: **Minerva Santo-Tomas, M.D.** **4/12/01** **305-446-9658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)