

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047365

1. Entity Name

VICTOR A. POLITANO, M.D., P.A.



03 SEP 30 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100023415341
09/30/03--01006--002 **150.00



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1321 NW 14TH STREET
WEST BUILDING SUITE 303
MIAMI FL 33125

Mailing Address

1321 NW 14TH STREET
WEST BUILDING SUITE 303
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0929144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLITANO, VICTOR A MD
1321 NW 14TH STREET
WEST BUILDING SUITE 303
MIAMI FL 33125

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME POLITANO, VICTOR A MD
STREET ADDRESS 1321 NW 14TH STREET
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Victor A. Politano, MD, PA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

VICTOR A. POLITANO, M.D., P.A.

Urology and Urologic Surgery

80146378

#P99000047365

Cedars Medical Center
West Building, Suite 303
1321 N.W. 14th Street
Miami, Florida 33125
Telephone (305) 548-4005
Fax (305) 548-4055

September 5, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Enclosed is a check for \$150.00 for UAB filing. This was the first statement that I have received this year.

I would hope that the \$400.00 dollar penalty could be waived since I have had no previous notice, if not please notify me and I will send the penalty charge, which seems to be rather steep.

Sincerely Yours,

Victor A. Politano

Victor A. Politano, M.D., P.A.

RECEIVED
SEP 11 2003
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA