

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90091 037 \*\*\*150.00

**DOCUMENT # P99000048749**

1. Entity Name

**MANUEL A. MARTINEZ-RIO, M.D., P.A.**

Principal Place of Business

Mailing Address

2400 N. UNIVERSITY DR., STE. 200  
 PEMBROKE PINES FL 33024

2400 N. UNIVERSITY DR., STE. 200  
 PEMBROKE PINES FL 33024

00013714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2965 NW 99TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI FL**

4. FEI Number

**65-0925455**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33170**

**MIAMI DADE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ-RIO, MANUEL A.M.D.  
 2400 N. UNIVERSITY DR., STE. 200  
 PEMBROKE PINES FL 33024**

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.

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D MARTINEZ-RIO, MANUEL A.M.D.	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 2400 N. UNIVERSITY DR., STE. 200		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33024		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Manuel A. Martinez-Rio* **MANUEL MARTINEZ**

Date

Daytime Phone #

CR2E034 (10/00)