

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050683

1. Entity Name

PEDIATRIC PROVIDERS OF SOUTH FLORIDA, M.D., P.A.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90186 041 \*\*\*150.00

Principal Place of Business

Mailing Address

1840 W. 49TH STREET  
HIALEAH FL 33012

1840 W. 49TH STREET  
HIALEAH FL 33012-2942

2. Principal Place of Business

390 W. 49 St.

3. Mailing Address

390 W. 49 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



052210

DO NOT WRITE IN THIS SPACE

City & State  
Hialeah, FL

City & State  
Hialeah, FL

4. FEI Number

65-0924966

Applied For

Not Applicable

Zip  
33012

Country  
USA

Zip  
33012

Country  
USA

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

CABRERE, JORGE L M.D.  
1840 W. 49TH STREET  
HIALEAH FL 33012

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CABRERA, JORGE L 1840 W. 49TH STREET HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cabrera Jorge L. 390 W. 49 St. Hialeah, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00 (305) 5571281  
Date Daytime Phone #

CR2E034 (9/99)