

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059459

1. Entity Name

M.A.A. OB/GYN, INC.

Principal Place of Business

Mailing Address

Baron & Cliff, 11077 Biscayne Blvd., #307
Miami, FL 33161

Baron & Cliff, 11077 Biscayne Blvd., #307
Miami, FL 33161

2. Principal Place of Business

3. Mailing Address

3659 South Miami Avenue

701 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 6001

STE. 3000

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

Country

33133

Zip

Country

33131

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Baron, Richard Esq.
Baron & Cliff
11077 Biscayne Blvd., #207
Miami, FL 33161

7. Name and Address of New Registered Agent

Name

Alcides I. Avila, Esq.

Street Address (P.O. Box Number is Not Acceptable)

701 BRICKELL AVENUE, STE. 3000

City

MIAMI

FL

Zip Code

33131

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Baron, Richard Esq.
Baron & Cliff, 11077 Biscayne Blvd., #307
Miami, FL 33161

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Dr. Miguel A. Albert
3659 S. Miami Avenue, #6001
Miami, FL 33133

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

☐ 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)(l), 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 and address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-02-2002 90123 015 ***150.00