

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90013 039 ***150.00

0100163

DOCUMENT # P99000062719

1. Entity Name:

GISELA DIAZ-MONROIG, M.D., P.A.

Principal Place of Business

Mailing Address

14630 GLENCAIRN ROAD
 MIAMI LAKES FL 33016

14630 GLENCAIRN ROAD
 MIAMI LAKES FL 33016

80059061

2. Principal Place of Business

3. Mailing Address

14541 ARDOCH PL

14541 ARDOCH PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI LAKES

MIAMI LAKES

4. FEI Number **65-0941519**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33016

33016

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

DIAZ-MONROIG, GISELA
 14630 GLENCAIRN ROAD
 MIAMI LAKES FL 33016

Name
DIAZ-MONROIG, GISELA
 Street Address (P.O. Box Number is Not Acceptable)

14541 ARDOCH PL

City
MIAMI LAKES

FL

Zip Code
33016

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.

(NONE Registered Agent's 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 Delete
 NAME **D**
 STREET ADDRESS **DIAZ-MONROIG, GISEL**
 CITY-ST-ZIP **14630 GLENCAIRN ROAD**
MIAMI LAKES FL 33016

TITLE Change Addition
 NAME
 STREET ADDRESS **14541 ARDOCH PLACE**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Gisela Diaz-Monroig, M.D. P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)