

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90014 010 ***155.00

DOCUMENT # P99000063682

1. Entity Name

BEATRIZ SOTELO, M.D., P.A.

Principal Place of Business

Mailing Address

9029 LAUREL RIDGE DRIVE
 MOUNT DORA FL 32757

9029 LAUREL RIDGE DRIVE
 MOUNT DORA FL 32757-9108

C0013641



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9029 LAUREL RIDGE DRIVE

3. Mailing Address

9029 LAUREL RIDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOUNT DORA FL

City & State

MOUNT DORA FL

4. FEI Number Applied For Not Applied For

Zip

Country

32757 USA

Zip

Country

32757 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

SOTELO, BEATRIZ M.D.
 9029 LAUREL RIDGE DRIVE
 MOUNT DORA FL 32757

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, 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	DP	<input type="checkbox"/> Delete
NAME	SOTELO, BEATRIZ	
STREET ADDRESS	9029 LAUREL RIDGE DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	CAMOGLIANO, ROMULO	
STREET ADDRESS	9029 LAUREL RIDGE DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Beatriz Sotelo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/00 (352) 360-0490
 Date Daytime Phone #