

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90136 042 ***558.75

DOCUMENT # **P99000063900**

1. Entity Name

SERGIO F. ALZUGARAY M.D. P.F.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7750 NW 171 Street

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

Hialeah, FL

City, State

same

Zip

33015

Country

USA

Zip

same

Country

same

4. FEI Number

65-0933568

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

SERGIO F. ALZUGARAY MD P.F.

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

7750 NW 171 St.

City

Hialeah,

FL

Zip Code

33015

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IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**P/D/S/T
Sergio F. ALZUGARAY
7750 NW 171 St Hialeah FL 33015**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-2002

Date

(305) 822 8710

(786) 344-6744

Daytime Phone

CR2E034B (12/01)