

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90125 019 ***150.00

DOCUMENT # P99000067562

1. Entity Name
DORAL PEDIATRICS, PA

Principal Place of Business

10723 NW 58ST
 MIAMI FL 33178
 US

Mailing Address

10723 NW 58ST
 MIAMI FL 33178
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0946174

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

PASCUAL, SILVIA P
10723 NW 58 ST
MIAMI FL 33178

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P**
PACMON, RAQUEL M
 STREET ADDRESS **10723 NW 58 STREET**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPS**
CASTANEDA, ANA M
 STREET ADDRESS **10723 NW 58 ST**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
PEREZ-PASCUAL, SILVIA
 STREET ADDRESS **10723 NW 58 ST**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
 NAME
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.11.02 (305) 513-0200

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

799000067562

121931

1448

FIGURE 0102 BAL BRO'T FORD

DATE 11/11/02

TO JOE HERNANDEZ

FOR Dec. Billing		TOTAL		
		THIS CHECK	1,176	00
		OTHER		
TAX DEDUCTIBLE		BALANCE		

1449

DATE 11/11/02

TO GRACE

FOR 12/31 - 1/5		TOTAL		
John at 515		THIS CHECK	146	00
		OTHER		
TAX DEDUCTIBLE		BALANCE		

1450

DATE 11/14/02

TO Department of State

FOR 2002 Uniform Business Report		TOTAL		
		THIS CHECK	150	00
		OTHER		
TAX DEDUCTIBLE		BALANCE		



Doral Pediatrics



Attachment

#9900067562

Raquel Martinez-Pachon, M.D.
Silvia Perez-Pascual, M.D.
Ana M. Castañeda, M.D.

121931

July 11, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

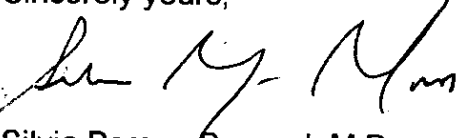
To Whom It May Concern:

Enclosed please find previous UBR mailed back in January 2002 with check stub copy from our office. This bank account was closed in April but check was somehow never received at your office and we never received cancelled check.

Here is payment and the new report filled out. As per our phone conversation today July 11, 20002, the late fee would be waived because of lost check.

Thanking you in advance for your attention to this matter.

Sincerely yours,


Silvia Perez - Pascual, M.D.

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(See criteria on back)



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TITLE NAME ☐ Delete

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1/14/02 (305) 513-0200

Attachment
12/931

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