

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State
 09-07-2000 90004 018 ***150.00

80105133

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P 99000068 930**

1. Entity Name

Blanca Luna, m.d., P.A.

R

Principal Place of Business

Mailing Address

929 N. Spring Garden Avenue, Ste. 170
Deland FL 32720

2. Principal Place of Business

3. Mailing Address

as above
 Suite, Apt. #, etc.

as above
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3589510

Applied For

Not Applicable

Zip

Country

1014519

Zip

Country

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

Blanca Luna, m.d., P.A.
929 N. Spring Garden Ave, Ste. 170
Deland FL 32720

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
 NAME **Blanca Luna, m.d., P.A.**
 STREET ADDRESS **929 N Spring Garden Ave, Ste. 170**
 CITY-ST-ZIP **Deland FL 32720**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00

Date

904-738-3896

Daytime Phone #

CR2E034 (9/99)



July 31, 2000

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Blanca Luna, M.D., P.A.
F.E.I. #: 59-3589510

To Whom It May Concern:

We recently received a Second Notice to file our 2000 Uniform Business Report, which now includes the \$400 late-filing fee. While **we will promptly pay the \$150**, we request abatement of the extra \$400. Blanca Luna, M.D., P.A. did not begin business as a medical practice corporation until January 1, 2000. In addition, we never received a First Notice to file a 2000 Uniform Business Report. Therefore, we request that the \$400 fee be removed.

Thank you for your consideration.

Sincerely,

Jeff Wilson
Accountant

Attachment doc #
099000068930
B0105133 282