

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071437

1. Entity Name  
MIAMI UROLOGIC CLINIC, P.A.

Principal Place of Business

7171 CORAL WAY  
SUITE 319  
MIAMI FL 33155

Mailing Address

PO BOX 440663  
MIAMI FL 33144  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0938666

Applied For  
Not Applicable

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

PEREZ, JOSE A

~~8100 W FLAGLER ST~~ 7171 CORAL WAY STE 319  
~~STE 101~~ MIAMI FL 33155  
~~MIAMI FL 33144~~

Name JOSE A. PEREZ MD

Street Address (P.O. Box Number is Not Acceptable)  
7171 CORAL WAY, STE 319

City Miami

FL

Zip Code 33155

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 PSTD  
NAME PEREZ, JOSE AMADO  
STREET ADDRESS 7171 CORAL WAY STE 319  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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  
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NAME  
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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: JOSE A. PEREZ MD. Date: 01-05-2002 (305) 753-4567  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 08, 2002 8:00 am  
Secretary of State

01-08-2002 90002 004 \*\*\*163.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)