

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000080568

1. Entity Name
JULIO R. CHACON M.D. P.A.

Principal Place of Business 2140 W. 68TH ST., STE. 300 HIALEAH FL 33016	Mailing Address 2140 W. 68TH ST., STE. 300 HIALEAH FL 33016
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2. Principal Place of Business 777 EAST 25 STREET Suite, Apt. #, etc. 507	3. Mailing Address PO BOX 1643 Suite, Apt. #, etc.
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City & State HIALEAH FL	City & State MIAMI FL	4. FEI Number 65-0946473	Applied For <input type="checkbox"/> Not Applicable
Zip 33013	Country	Zip 33144	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHACON JULIO R.M.D. 2140 W. 68TH ST., STE. 300 HIALEAH FL 33016	7. Name and Address of New Registered Agent Name CHACON JULIO R.M.D. Street Address (P.O. Box Number is Not Acceptable) 777 EAST 25 STREET 507 City HIALEAH FL Zip Code 33013
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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 **JULIO R. CHACON, MD, PA** DATE **04/19/2000**
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T.TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T.TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T.TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 04/19/2000