

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086413

1. Entity Name

FEDERICO KALLMANN M.D., INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90038 035 ***150.00

Principal Place of Business

Mailing Address

10320 NORTH 56TH STREET
SUITE B
TAMPA FL 33617

10320 NORTH 56TH STREET
SUITE B
TAMPA FL 33617-3304

2. Principal Place of Business

6275 East Fowler Avenue

3. Mailing Address

6275 East Fowler Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, Florida

City & State

TAMPA, Florida

4. FEI Number

59-3600841

Applied For

Not Applicable

Zip

33617

Country

Zip

33617

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

FEDERICO KALLMANN

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

6275 East Fowler Av

City

TAMPA, FL

FL

Zip Code

33617

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 PSTD ☐ Delete
NAME KALLMANN, FEDERICO
STREET ADDRESS 10320 NORTH 56TH STREET
CITY-ST-ZIP TAMPA FL 33617

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

Federico Kallmann

3/17/00

Date

813-985-3773

Daytime Phone #