

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088021

1. Entity Name

MAGDA CONSTANZO PH.D., PA

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90151 024 ***150.00

Principal Place of Business	Mailing Address
7943 NW 2ND STREET SUITE 7 MIAMI FL 33126	7943 NW 2ND STREET SUITE 7 MIAMI FL 33126-8000

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0953793	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DURAN, LAWRENCE S 7943 NW 2ND STREET MIAMI FL 33126

7. Name and Address of New Registered Agent		
Name CONSTANZO, MAGDA		
Street Address (P.O. Box Number is Not Acceptable) 7943 N.W. 2 STREET STE. 7		
City MIAMI	FL	Zip Code 33126

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 Magda Constanzo MAGDA CONSTANZO 1-19-00
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																								
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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: MAGDA CONSTANZO MAGDA CONSTANZO 1-19-00 (305) 262-8270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (9/99)