

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-#: P99000098144

1. Entity Name

ANTONIO F. LOURENCO, M.D., P.A.

FILED
Jul 25, 2000 8:00 am
Secretary of State

02-01-2000 90101 026 ***150.00

07-25-2000 90002 028 ***550.00

Principal Place of Business

1295 N.W. 14TH STREET
SUITE F
MIAMI FL 33136

Mailing Address

1295 N.W. 14TH STREET
SUITE F
MIAMI FL 33136

2. Principal Place of Business

1295 N.W. 14TH ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Suite, Apt. #, etc.

Zip

33136

Country

DODE

Zip

Country

Country

Country

4. FEI Number

65-0964020

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M ESQ.
782 NW LEJEUNE ROAD
SUITE 548
MIAMI FL 33126

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D
NAME LOURENCO, ANTONIO F
STREET ADDRESS 12800 S.W. 117TH STREET
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/00(305)5456340