

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098303

1. Entity Name

PALOMA IBARRA, PH.D., P.A.



**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90004 032 \*\*\*150.00

Principal Place of Business

2650 BAHIA VISTA ST. SUITE 203  
SARASOTA FL 34239

Mailing Address

2650 BAHIA VISTA ST. SUITE 203  
SARASOTA FL 34239

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

IBARRA, PALOMA  
2650 BAHIA VISTA ST, SUITE 203  
SARASOTA FL 34239

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 PD  
NAME IBARRA, PALOMA  
STREET ADDRESS 2650 BAHIA VISTA ST, SUITE 203  
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

*Paloma Ibarra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/00 ↑

(941)921-1490

CR2E034 (5/00)

Attachment  
P99000098303  
00079569

Paloma Ibarra, Ph.D., P.A.  
2650 Bahia Vista Street  
Sarasota, FL 34239-2625  
Tel: (941) 951-6504 Fax: (941) 951-6433

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Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

August 12, 2000

RE: Tax ID 65-0963140

Dear Sir or Madam:

This is the first time I receive a 2000 Uniform Business Report from your office. I do not recall receiving a letter from your office notifying me that a corporate fee was due earlier. I am new to the state of Florida where I have formed a corporation for the first time in my career. Please accept the check of \$150 and waive the late fee since I did not receive a prior notification.

Thank you very much.

Sincerely,

*Paloma Ibarra, Ph.D.,*

Paloma Ibarra

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