

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/10/00 00007 025 \*\*\*150.00

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90287 025 \*\*\*150.00

**DOCUMENT # P99000103278**  
 1. Entity Name  
**FELIPE ANTONIO DEL VALLE, MD, P.A.**

Principal Place of Business <b>444 BARGELLO AVENUE CORAL GABLES FL 33146</b>	Mailing Address <b>444 BARGELLO AVENUE CORAL GABLES FL 33146</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DEL VALLE, FELIPE A  
 444 BARGELLO AVENUE  
 CORAL GABLES FL 33146**

4. FEI Number <b>65-1025446</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DEL VALLE, FELIPE A 444 BARGELLO AVENUE CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: \_\_\_\_\_ **4.28.00** 305.793.2452  
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR Date Daytime Phone #

C050254 10/00



**Garcia & Garcia, P.A.**

*Certified Public Accountants*

8221 Coral Way

Miami, FL 33155

Phone 305-266-9293 / Fax 305-266-3747

e-mail: [ficoepa@bellsouth.net](mailto:ficoepa@bellsouth.net)

*Attachment*

*P 99000103278*

*309035*

July 31, 2000

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

**Re: Felipe Antonio Del Valle, MD, PA**  
**Ref: P99000103278**

Dear Sir or Madam:

We are sending our corrected uniform business report. The \$150 fee was paid timely, however the report was not filed. The letter informing us to complete Block 4 was forwarded to an incorrect address on two occasions. (Please see the enclosed copy) The new address is now:

Felipe del Valle, MD  
12940 SW 63 Ave  
Miami, FL 33156

Because this letter was forwarded, on two occasions, to incorrect addresses we could not make the corrections to block 4 in a timely manner. We therefore respectfully request that any penalties be waived for this account.

Thank you for your attention to this matter.

Sincerely yours,

Felipe Del Valle, MD