

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90149 017 ***150.00

DOCUMENT # S30245

1. Entity Name

JORGE E. PEREZ, M.D., P.A.

R

Principal Place of Business

5955 PONCE DE LEON BLVD
 CORAL GABLES FL 33146
 US

Mailing Address

8100 SW 89 PLACE
 MIAMI FL 33173-4187
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1911 S. BAYSHORE DRIVE

Suite, Apt. #, etc.

City & State

M.I.A.M. FL

Zip

33133

Country

U.S.A.

4. FEI Number

65-0241970

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEREZ, JORGE E.
 7211 SW 62ND AVENUE
 SUITE 206
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

5955 PONCE DE LEON BLVD.

City

CORAL GABLES

FL

Zip Code

33146

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

Jorge Perez
 Signature, typed or printed name of registered agent and title if applicable

JORGE PEREZ DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

4/16/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	PEREZ, JORGE E.	5955 PONCE DE LEON BLVD	CORAL GABLES FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Jorge Perez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00

DATE

(305) 661-1515

DAYTIME PHONE #

CR2E034 (9/99)

S30245

Acc 68711

Dear Katherine Harris,
I sent this check out
in good faith,
apparently someone
who opened my letter
whited over what I
wrote. Please accept
this check with my

initials. I apologize
for any inconvenience

Sincerely,

Jorge Perez M.D.