

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S33147

1. Entity Name

WILLIAM SUAREZ, M.D., A PROFESSIONAL ASSOCIATION

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90034 048 ***150.00

Principal Place of Business

7000 S.W. 97 AVENUE
MIAMI FL 33173

Mailing Address

7000 S.W. 97 AVENUE
MIAMI FL 33173-1494

2. Principal Place of Business

2645 SW 37 Avenue

3. Mailing Address

2645 SW 37 Avenue

Suite, Apt. #, etc.

Suite 505

Suite, Apt. #, etc.

Suite 505

City & State

Miami FL

City & State

Miami FL

Zip

33133

Country

USA

Zip

33133

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0248060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, MARICARMEN
7000 S.W. 97 AVENUE
SUITE 203
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name Maricarmen Suarez
Street Address (P.O. Box Number is Not Acceptable)
2645 SW 37 Avenue
Suite 505
City miami FL Zip Code 33133

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

Maricarmen Suarez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-2000

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 P
NAME SUAREZ, WILLIAM
STREET ADDRESS 7000 SW 97TH AVE., ST 203
CITY-ST-ZIP MIAMI FL 33173 ☐ 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 P
NAME Suarez, William
STREET ADDRESS 2645 SW 37 Avenue, St. 505
CITY-ST-ZIP Miami FL 33133 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/2000 305-648-0111

CR2E034 (9/99)