

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90082 035 ***158.75

DOCUMENT # S35877

1. Entity Name
GABRIEL CILLO, M.D., P.A.

R

Principal Place of Business

5601 N. DIXIE HWY.
 SUITE 301
 FT. LAUDERDALE FL 33334

Mailing Address

5601 N. DIXIE HWY.
 SUITE 301
 FT. LAUDERDALE FL 33334

A0072124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5601 N. DIXIE HWY
 Suite, Apt. #, etc.
Suite 101

3. Mailing Address
5601 N. DIXIE HWY
 Suite, Apt. #, etc.
Suite 101

City & State
FT. LAUDERDALE, FL 33334

City & State
FT. LAUDERDALE, FL

4. FEI Number **65-0242889** Applied For
 Not Applicable

Zip **33334** Country **USA**

Zip **33334** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CILLO, GABRIEL, MD, PA
5601 NORTH DIXIE HWY 101
FT. LAUDERDALE FL 33334

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CILLO, GABRIEL	
STREET ADDRESS	5601 NORTH DIXIE HWY 101	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: *Gabriel Cillo M.D.* **GABRIEL CILLO M.D.** 8/4/00 (954) 491-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment

Doc. # S35877

GABRIEL CILLO, M.D.

F0072124

Specialist in
Internal Medicine

North Ridge Medical Plaza
5601 North Dixie Highway • Suite 101
Ft. Lauderdale, FL 33334

(954) ~~(954)~~ 491-1600

8/4/00

To Whom it May Concern:

I received a second application of the 2000 Uniform Business Report. I mailed the first application on May 1, 2000 with a check of \$150.00, written on April 28, 2000, check #6080. I checked with my bank and this check was never cashed.

I spoke to a member of your staff on July 25, 2000 who recommended that I fill out the new form and request that the penalty be waived.

Thank you,

Gabriel Cillo M.D.

Gabriel Cillo, M.D.

Addendum - Please see attached photocopy of Express mail Receipt.

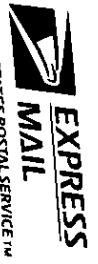
- New check written for \$ 150.00

8.75
158.75

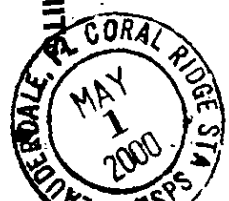
(Certificate of Status Desired)

check #
6265

Attachment poe# 5330824
A00728204



POST OFFICE TO ADDRESSEE EK671607271US



SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS

Customer Copy

UNITED STATES POSTAL SERVICE™

ORIGIN (POSTAL USE ONLY)

PO ZIP Code: 33331
 Date: 5/1/02
 Time In: 8:57 AM
 Weight: 20 Ozs
 No Delivery: Weekend Holiday
 Day of Delivery: Next Second
 Military: 12 Noon 3 PM
 Int'l Alpha Country Code: 2nd Day 3rd Day
 Accepting Clerk Initials: [Signature]
 Postage: \$ [blank]
 Return Receipt Fee: \$ [blank]
 COD Fee: \$ [blank]
 Insurance Fee: \$ [blank]
 Total Postage & Fees: \$ 11.75

WAVEN OF SIGNATURE (Domestic Only) Additional consideration is void if holder of signature is responsible for delivery. (Signature of addressee or addressee's agent (if delivery agent's signature is present) must be made without other signature of addressee or addressee's agent (if delivery agent's signature is present) and signature that delivery employee's signature is present. Use of this code is not in secure location) and addressee that delivery employee's signature is present. Use of this code is not in secure location)

NO DELIVERY Weekend Holiday

FROM: PLEASE PRINT

GNBRILL CILLO MD PA
 5601 N. DIXIE HWY # 101
 FT. LAUDERDALE, FL 33324

PHONE: [blank]

TO: PLEASE PRINT

DIVISION OF CORPORATIONS
 UNIFORM BUSINESS REPORT FILING
 P.O. BOX 1500
 TALLAHASSEE FL 32302-1500

PHONE: [blank]

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com

September 1999

