

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
 02-06-2001 90311 047 ***150.00

DOCUMENT # S78486

1. Entity Name
LYNDA COLAIZZI, D.M.D., P.A.

Principal Place of Business

**7550 SW 57TH AVE.
 214
 MIAMI FL 33143
 US**

Mailing Address

**3619 BAYVIEW RD
 #521
 COCONUT GROVE FL 33133
 US**

2. Principal Place of Business

3. Mailing Address

1609 S. BAYSHORE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

Zip

Country

33133

US

4. FEI Number **65-0282879**

Applied For

Not Applicable

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

**SHAPIRO, MYRON
 801 BRICKELL AVENUE
 SUITE 1501
 MIAMI FL 33131**

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 \$150.00
 After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLAIZZI, LYNDA 1609 S. BAYSHORE DR. COCONUT GROVE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

Lynda Colaizzi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-01
 Date

305-661-8240
 Daytime Phone #

CR2E034 (10/00)