

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30675

1. Entity Name

ANTONIO L. PEREZ-NOY, M.D., P.A.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90121 046 \*\*\*150.00

Principal Place of Business

Mailing Address

1205 NW 11th Street  
Miami, FL 33129

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Miami, FL 33129

2. Principal Place of Business

351 N.W. 42 Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

same

City & State

Miami, FL 33126

City & State

same

4. FEI Number

65-0342804

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEREZ-NOY, ANTONIO L.

8260 W. FLAGLER STREET  
SUITE 2-B  
MIAMI, FL 33144

Name

Antonio L. Perez-Noy

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

1534 Palancia Avenue

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PEREZ-NOY, ANTONIO L.  
CITY-ST-ZIP 8260 W. FLAGLER STREET  
MIAMI, FL

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS Antonio L. Perez-Noy  
CITY-ST-ZIP 1534 Palancia Avenue  
Coral Gables, FL 33146

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of Antonio L. Perez-Noy

2/27/00

Date

Daytime Phone #

CR2E034 (9/99)