

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44396

1. Entity Name

NORAH VENEGAS, MS, P.A.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90183 012 ***150.00

Principal Place of Business

911 EAST PONCE DE LEON BLVD
 403
 CORAL GABLES FL 33134

Mailing Address

911 EAST PONCE DE LEON BLVD
 403
 CORAL GABLES FL 33134

2. Principal Place of Business

1400 SALZEDO ST

Suite, Apt. #, etc.

401

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI-DADE

3. Mailing Address

1400 SALZEDO ST

Suite, Apt. #, etc.

401

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI-DADE



00052189

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0341509

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PAPY, STEPHEN A
 66 WEST FLAGLER
 ELEVENTH FLOOR
 MIAMI FL 33130

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
 NAME VENEGAS, NORAH
 STREET ADDRESS 911 E. PONCE DE LEON BLV
 CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME ADDRESS
 STREET ADDRESS 1400 SALZEDO ST # 401
 CITY-ST-ZIP CORAL GABLES, FL 33134

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

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

TITLE ☐ Change ☐ Addition
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 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:

Norah Venegas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 305-899-4898
 Date Daytime Phone #

CR2E034 (10/00)