

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68473

1. Entity Name
JORGE L. ORBAY-CERRATO, M.D., P.A.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90050 039 ***150.00

Principal Place of Business 8905 SW 87TH AVE. STE #100 MIAMI FL 33176 US	Mailing Address 8905 SW 87TH AVE. STE #100 MIAMI FL 33176-2210 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0367050** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**AMKGS REGISTERED AGENTS INC.
ONE S.E. 3RD AVENUE
STE. 1980
MIAMI FL 33131**

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 _____ 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 \$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	<input type="checkbox"/> Delete
NAME	ORBAY-CERRATO, JORGE L	
STREET ADDRESS	4649 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BADIA, ALEJANDRO	
STREET ADDRESS	520 BRICKELL KEY DR. APT. 1010	
CITY-ST-ZIP	MIAMI FL-33131	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	KHOURI, ROGER	
STREET ADDRESS	478 BAY LANE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8905 S.W. 87 Ave. #100	
STREET ADDRESS	Miami, Fl-33176	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8905 S.W. 87 Ave. #100	
STREET ADDRESS	Miami, Fl-33176	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8905 S.W. 87 Ave. #100	
STREET ADDRESS	Miami - Fl. 33176	
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 a address, with all other like empowered.

SIGNATURE: **Jorge L. Orbay**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/1/00** Daytime Phone #: **(305) 661-3000**

CR2E034 (9/99)