

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90030 024 \*\*\*\*61.25

**DOCUMENT # 759152**

1. Entity Name

**CUBAN PEDIATRIC SOCIETY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 558988  
 MIAMI FL 33255

P.O. BOX 558988  
 MIAMI FL 33255-8988

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0285587**

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

**CAPOTE, M.D. M**  
**3175 SW 113TH COURT**  
**MIAMI FL 33165**

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

*Wayne Capote, M.D.*

*3/31/00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD**  Delete  
 NAME **CAPOTE, M.D. M**  
 STREET ADDRESS **3175 SW 113TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **SILVERIO, JUAN M.D.**  
 STREET ADDRESS **1121 CRANDON BLVD #705D**  
 CITY-ST-ZIP **KEY BISCAWAYNE FL 33149**

TITLE  Change  Addition  
 NAME **PD**  
 STREET ADDRESS **Carro, Jose M.D.**  
 CITY-ST-ZIP **10000 S.W. 19th St. Miami FL 33165**

TITLE **SD**  Delete  
 NAME **VALDES, ERNESTO M.D.**  
 STREET ADDRESS **7211 S.W. 62 AVE SUITE 206**  
 CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*

*3/31/00*

Date

*(305) 323-7768*

Daytime Phone #

CR2E037 (9/99)