

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90177 009 ****61.25

DOCUMENT # N94000005789

1. Entity Name

FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA.

Principal Place of Business

Mailing Address

1067 SW 86TH CT.
 MIAMI FL 33144

1067 SW 86TH CT.
 MIAMI FL 33144-4032

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

65-0550188

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOREN, ANGELICA DR.
1067 SW 86TH CT.
MIAMI FL 33144

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

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	D	<input type="checkbox"/> Delete
NAME	DE FIALLO, GERMANIA	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ARMENTEROS, MARIA L	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE PAIZ, OLGA	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE FERIS, PILAR	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	
CITY-ST-ZIP	MIAMI FL 33102	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEINADO, MARIA	
STREET ADDRESS	8250 S.W. 33 TERR	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOREN, ANGELICA	
STREET ADDRESS	1067 S.W. 86TH CT.	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (305) 585-5143
 Date Daytime Phone #

CR2E037 (9/99)