

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0040250

DOCUMENT # N94000005789

1. Entity Name

FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA,

04-25-2001 90123 027 ****61.25

Principal Place of Business

Mailing Address

1067 SW 86TH CT.
 MIAMI FL 33144

1067 SW 86TH CT.
 MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0550188

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

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:
FEES 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 NAME Delete
D DE FIALLO, GERMANIA
 STREET ADDRESS **EPS A-383, P.O. BOX 5256 N/A**
 CITY-ST-ZIP **MIAMI FL 33102**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D DE ARMENTEROS, MARIA L
 STREET ADDRESS **EPS A-383, P.O. BOX 5256 N/A**
 CITY-ST-ZIP **MIAMI FL 33102**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D DE PAIZ, OLGA
 STREET ADDRESS **EPS A-383, P.O. BOX 5256 N/A**
 CITY-ST-ZIP **MIAMI FL 33102**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D DE FERIS, PILAR
 STREET ADDRESS **EPS A-383, P.O. BOX 5256 N/A**
 CITY-ST-ZIP **MIAMI FL 33102**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

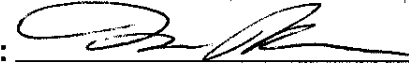
TITLE NAME Delete
D PEINADO, MARIA
 STREET ADDRESS **8250 S.W. 33 TERR**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D FLOREN, ANGELICA
 STREET ADDRESS **1067 S.W. 86TH CT.**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE NAME Change Addition
 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

4/19/2001 305 585-5143

Date

Daytime Phone #

CR2E037 (10/00)