# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 12, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P00000086145

**Entity Name:** BROWARD INSTITUTE OF CARDIOLOGY, INC.

**Current Principal Place of Business:**

10305 BERMUDA DRIVE
COOPER CITY, FL 33026

**New Principal Place of Business:**

201 N.W. 70TH AVENUE
SUITE #D
PLANTATION, FL 33317

**Current Mailing Address:**

10305 BERMUDA DRIVE
COOPER CITY, FL 33026

**New Mailing Address:**

**FEI Number: 65-1119399** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BASTO, ESPERANZA
10305 BERMUDA DR
COOPER CITY, FL 33026 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BASTO, ESPERANZA
Address: 10305 BERMUDA DR
City-St-Zip: COOPER CITY, FL 33026

Title: VD ( ) Delete
Name: BIZOUATI, GABRIEL
Address: 10305 BERMUDA DR
City-St-Zip: COOPER CITY, FL 33026

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BASTO, JUAN
Address: 10305 BERMUDA DR
City-St-Zip: COOPER CITY, FL 33026

Title: T ( ) Change (X) Addition
Name: BASTO, JORGE
Address: 10305 BERMUDA DRIVE
City-St-Zip: COOPER CITY, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESPERANZA BASTO P 03/12/2002

Electronic Signature of Signing Officer or Director Date