

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064677

1. Entity Name

49TH STREET MEDICAL PLAZA, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90143 034 \*\*\*150.00

Principal Place of Business

Mailing Address

1790 W 49 ST  
 SUITE 109  
 MIAMI FL 33012  
 US

1790 W 49 ST  
 SUITE 109  
 MIAMI FL 33012-2916  
 US

*6447 Miami Lakes Drive  
 Suite 105  
 Miami Lakes, FL 33014*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851053

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

TOLAND, BRUCE J AY  
 801 BRICKELL AVENUE SUITE 1501  
 MIAMI FL 33131

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
 NAME RETCHIN, BLAIR  
 STREET ADDRESS 801 BRICKELL AVENUE SUITE 1501  
 CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 an address, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BLAIR RETCHIN

4/25/00

Date

(305)

821-9115

Daytime Phone #

CR2E034 (9/99)