

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90012 009 ***150.00

DOCUMENT # 457395

1. Entity Name

JUAN F. LAMAS, M.D., P.A.

Principal Place of Business

1333 S. MIAMI AVE.
 MIAMI FL 33130

Mailing Address

1333 S. MIAMI AVE.
 MIAMI FL 33130

2. Principal Place of Business

2000 SW 27 Ave

3. Mailing Address

2000 SW 27 Ave

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33145

Country

USA

Zip

33145

Country

USA

6. Name and Address of Current Registered Agent

BARRENECHE JOSE M
 14307 SW 100 LANE
 MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Applicable)

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

Quall Lamas

1-15-02

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, 2002 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	BARRENECHE, JOSE M.	
STREET ADDRESS	14307 SW 100 LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LAMAS, GERVASIO A.	
STREET ADDRESS	1333 S. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMAS, ANA M.	
STREET ADDRESS	1400 SOROLLA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LAMAS, MERCEDES	
STREET ADDRESS	1620 FERDINAND STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Quall Lamas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 (305) 461 2010

Date

Daytime Phone #

CF2E034 (9/01)