2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 462028 Mar 25, 2000 8:00 am 1. Entity Name ROBERTO SANTA-CRUZ, M.D., P.A. **Secretary of State** 03-25-2000 90015 014 ***150.00 Principal Place of Business Mailing Address 14807 BALGOWAN RD 14807 BALGOWAN RD MIAMI LAKES FL 33131-2688 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address 808 Brickell Key Dr. 808 Brickell Key Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. **#1904** #1904 City & State 4. FEI Number Applied For City & State 59-1551520 Miami Not Applicable Mìami Country \$8.75 Additional Country Zip 5. Certificate of Status Desired <u>us</u> a 33131 us p Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANTA-CRUZ, ROBERTO M.D. Street Address (P.O. Box Number is Not Acceptable) 14807 BALGOWAN RD. #102 MIAMI LAKES FL 33016 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PD Delete TITLE Change TITLE SANTA CRUZ, ROBERTO NAME NAME 808 Brickell Key Dr. #1904 STREET ADDRESS STREET ADDRESS 14807 BALGOWAN RD., #102 Miami, FL CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 Change ☐ Addition SEC ☐ Delete TITLE TITLE SANTA CRUZ, DENISE NAME NAME 808 Brickell Key Dr # 1904 STREET ADDRESS 14807 BALGOWAN RD., #102 STREET ADDRESS CITY-ST-7IP Miami, FL 33131 CITY-ST-ZIP MIAMI LAKES FL 33016 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.