

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90047 041 ***158.75

DOCUMENT # 696453

1. Entity Name

AMERICAN MEDICAL PLAZA, INC.

Principal Place of Business

**11880 S.W. 40TH STREET
 SUITE #405
 MIAMI FL 33175
 US**

Mailing Address

**11880 S.W. 40TH STREET
 SUITE #405
 MIAMI FL 33175
 US**

2. Principal Place of Business

5601 North Dixie Highway

Suite, Apt. #, etc.

Suite 420

City & State

Ft. Lauderdale, FL

Zip

33334

Country

USA

3. Mailing Address

5601 North Dixie Highway

Suite, Apt. #, etc.

Suite 420

City & State

Ft. Lauderdale, FL

Zip

33334

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2137761

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MUDD, JOHN
 11880 BIRD RD
 SUITE 405
 MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **MUDD, JOHN.**

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

5601 North Dixie Highway

Suite 420

City

Ft. Lauderdale

FL

Zip Code

33334

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, 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 **VPD** ☐ Delete
 NAME **DIAZ, MAYRA**
 STREET ADDRESS **11880 BIRD ROAD 405**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **PD** ☐ Delete
 NAME **MUDD, JOHN**
 STREET ADDRESS **11880 BIRD ROAD, #405**
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete
 NAME **WIENER, A.B.**
 STREET ADDRESS **11880 BIRD ROAD, #405**
 CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☒ Delete
 NAME **MIRANDA, ELDA**
 STREET ADDRESS **11880 BIRD ROAD, #405**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VPD** ☐ Delete
 NAME **LINCOLN, TIMOTHY**
 STREET ADDRESS **11880 BIRD ROAD 405**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **AS** ☒ Delete
 NAME **PORTAL, ANA**
 STREET ADDRESS **11880 BIRD ROAD 405**
 CITY-ST-ZIP **MIAMI FL 33175**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD, S** ☒ Change ☐ Addition
 NAME **DIAZ, MAYRA**
 STREET ADDRESS **5601 North Dixie Highway, #420**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE **5601 North Dixie Highway, #420** ☒ Change ☐ Addition
 NAME **Ft. Lauderdale, FL 33334**

TITLE **5601 North Dixie Highway, #420** ☒ Change ☐ Addition
 NAME **Ft. Lauderdale, FL 33334**

TITLE **5601 North Dixie Highway, #420** ☐ Change ☐ Addition
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TITLE **5601 North Dixie Highway, #420** ☒ Change ☐ Addition
 NAME **Ft. Lauderdale, FL 33334**

TITLE **5601 North Dixie Highway, #420** ☐ Change ☐ Addition
 NAME **Ft. Lauderdale, FL 33334**

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:

Mayra Diaz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

Date

(954) 202-1998

Daytime Phone #

CR2E034 (9/01)