

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730975

1. Entity Name

CUBAN SOCIETY OF DERMATOLOGY, INC. (SOCIEDAD CUB

Principal Place of Business

Mailing Address

625 DE SOTO DRIVE
MIAMI SPRINGS FL 33166
US

625 DE SOTO DRIVE
MIAMI SPRINGS FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7415116

Applied For

Not Applicable

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

BARQUIN, PEDRO M.D.
625 DE SOTO DRIVE
MIAMI SPRINGS FL 33166

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KERDEL, FRANCISCO MD
STREET ADDRESS 1444 N.W. 9TH AVENUE
CITY-ST-ZIP MIAMI FL 33136 ☐ Delete

TITLE SD
NAME JULIEN, JUANA MD
STREET ADDRESS 8720 N. KENDALL DRIVE, #118
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD
NAME ZAIAC, MARTIN MD
STREET ADDRESS 1680 MICHIGAN AVE., #900
CITY-ST-ZIP MIAMI FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:  SIGNATURE REQUIRED

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90093 029 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)

8/27/01