

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732950

1. Entity Name

THE GREATER MIAMI SOCIETY OF PLASTIC AND RECONST

Principal Place of Business

Mailing Address

% JESSE BASADR
351 N.W. 42ND AVENUE
MIAMI FL 33126

% JESSE BASADR
351 N.W. 42ND AVENUE
MIAMI FL 33126

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 59-1670308

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

BASADR, JESSE
351 N.W. 42ND AVE., #501
MIAMI FL 33126

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD ☐ Delete
NAME KELLEY, MICHEL E
STREET ADDRESS 8940 N KENDALL DR, #903 E
CITY-ST-ZIP MIAMI FL 33176

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

TITLE TD ☐ Delete
NAME VAZQUEZ, BERNABE
STREET ADDRESS 3661 S. MIAMI AVE., #508
CITY-ST-ZIP MIAMI FL 33133

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

TITLE TD ☐ Delete
NAME BASADR, JESSE
STREET ADDRESS 351 N.W. 42ND AVE., #501
CITY-ST-ZIP MIAMI FL 33126

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 which is not like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Jesse Basadr MD The 4/27/00 (855) 631830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90088 045 ****61.25

843016



DO NOT WRITE IN THIS SPACE