

2001 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 % JESSE BASADR
 351 N.W. 42ND AVENUE 351 N.W. 42ND AVENUE
 MIAMI FL 33126 MIAMI FL 33126

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 22 PM 5:47



2. Principal Place of Business 3. Mailing Address
EDUARDO BARROSO MD 8950 N. KENDALL DR

Suite, Apt. #, etc. City & State
106 MIAMI, FL

DO NOT WRITE IN THIS SPACE
REINSTATEMENT

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 EDUARDO BARROSO MD
 351 N.W. 42ND AVE., #501 Street Address (P.O. Box Number is Not Acceptable)
 MIAMI FL 33126 **8950 N. KENDALL DRIVE**
 STE 106
 City MIAMI FL Zip Code 33176

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 **EDUARDO BARROSO** 9/28/01
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KELLEY, MICHEL E <input checked="" type="checkbox"/> Delete 8940 N KENDALL DR, #903 E MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JESSE BASADRE, MD 351 NW 42 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAZQUEZ, BERNABE <input checked="" type="checkbox"/> Delete 3661 S. MIAMI AVE., #508 MIAMI FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRESUREN/SEC TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EDUARDO BARROSO, MD MIAMI, FL 8950 N. KENDALL DR #106 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASADR, JESSE <input type="checkbox"/> Delete 351 N.W. 42ND AVE., #501 MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT McDONAGD MD TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 016960 JACKSON MEMORIAL HOSPITAL MIAMI, FL 33101 PRESIDENT - ERECT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004669482--2 -11/06/01--01070--003 ****236.25 ****236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **EDUARDO BARROSO** 305 596-7878

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CR2007 (5/01)