

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F84813

1. Entity Name  
NORTH RIDGE V.A. CENTER, INC.

Principal Place of Business  
AMERICAN MEDICAL PLAZA  
11880 S.W. 40TH STREET, SUITE #405  
MIAMI FL 33175  
US

Mailing Address  
AMERICAN MEDICAL PLAZA  
11880 S.W. 40TH STREET, SUITE #405  
MIAMI FL 33175  
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 59-2086112

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

MUDD, JOHN  
11880 S.W. 40TH STREET  
SUITE 405  
MIAMI FL 33175

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

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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE TD  
NAME WIENER, A. B.  
STREET ADDRESS 11880 S.W. 40TH STREET, #405  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE PD  
NAME MUDD, JOHN  
STREET ADDRESS 11880 S.W. 40TH STREET, #405  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE S  
NAME MIRANDA, ELDA  
STREET ADDRESS 11880 S.W. 40TH STREET, #405  
CITY-ST-ZIP MIAMI FL ☐ Delete

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elda Miranda

4/13/01

Date

(305) 221-1900

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)