

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-07-2002 90049 024 ***158.75

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

5601 North Dixie Highway
Suite, Apt. #, etc.
Suite 420

3. Mailing Address

5601 North Dixie Highway
Suite, Apt. #, etc.
Suite 420

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33334

Country

USA

Zip

33334

Country

USA

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

MUDD, JOHN

~~11880 S.W. 40TH STREET~~

~~SUITE 405~~

~~MIAMI FL 33175~~

7. Name and Address of New Registered Agent

Name

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

5601 North Dixie Highway

Suite 405

Ft. Lauderdale

FL

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

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

TITLE **S** ☒ Delete
NAME **MIRANDA, ELDA**
STREET ADDRESS **11880 S.W. 40TH STREET, #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 ☒ Change ☐ Addition
NAME **5601 North Dixie Highway, #420**
STREET ADDRESS **Ft. Lauderdale, FL 33334**
CITY-ST-ZIP

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

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

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)