

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90043 011 ***163.75

DOCUMENT # G72763

1. Entity Name

MEDICAL MARKETING SPECIALISTS, INC.

Principal Place of Business

~~6932 SUNRISE TERRACE~~
~~CORAL GABLES FL 33143~~
 US

Mailing Address

PO BOX 14-1443
 CORAL GABLES FL 33114-1443
 US

2. Principal Place of Business

7574 S.W. 77th Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number **59-2369687**

Applied For

Not Applicable

Zip
33143

Country
Miami-Dade

Zip

Country

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

GONZALEZ, CECILIO F

~~6932 SUNRISE TERR~~
~~CORAL GABLES FL 33143~~

Name **Gonzalez, Cecilio F.**

Street Address (P.O. Box Number is Not Acceptable)
7574 S. W. 77th Court

City **Miami**

FL

Zip Code
33143

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 **PD**
 NAME **GONZALEZ, CECILIO F.**
 STREET ADDRESS ~~6932 SUNRISE TERRACE~~
 CITY-ST-ZIP ~~MIAMI FL~~

TITLE **President**
 NAME **Gonzalez, Cecilio F.**
 STREET ADDRESS **7574 S. W. 77th Court**
 CITY-ST-ZIP **Miami, Florida 33143**

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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 *Cecilio F. Gonzalez* **Cecilio F. Gonzalez, President** **04-30-2001** **(305) 662-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)