

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G90375

1. Entity Name

B & P MEDICAL CENTER, INC.

R

FILED

Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90151 033 ***150.00

Principal Place of Business

B&P MEDICAL CENTER
3939 NW 7TH ST. #202 203
MIAMI FL 33126

Mailing Address

C/O LUIS R. BAZO
1639 WEST FLAGLER STREET
MIAMI FL 33135

OLD ADDRESS

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

59-2385062

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

BAZO, LUIS R.
1639 WEST FLAGLER STREET
MIAMI FL 33135

B & P MEDICAL CENTER INC
3939 NW 7th Street, #202
Miami, Florida 33126
(305) 643-2600

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
BAZO, ARMONIA
11490 SW 24 ST
MIAMI FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
BAZO, LUIS R
11490 SW 24 ST
MIAMI FL 33165

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis R. Bazo PRESIDENTE

7/12/00 (305) 643-2600

Date

Daytime Phone #

..G90375

H0008238

B & P MEDICAL CENTER INC
3939 NW 7th Street, #202
Miami, Florida 33126
(305) 643-2600

July 12, 2000

Ms. Katherine Harris
Secretary of State
Division of Corporations

Re: Annual Report 2000 for B & P Medical Center, Inc.
FEIN 59-2385062

I just received a second notice for payment of the Annual Report, with the prior mailing address. I never received the first notice. When I filed the Annual Report for the year 1999 I changed the mailing address (copy enclosed). I know it is my responsibility to make the payment with or without the notice. Enclosed find check in the amount of \$150.00 for the year 2000 Annual Report. I apologize for the inconvenience and misunderstanding and promise that next year the payment will be made on time.

Sincerely,


PRESIDENT
Luis Bazo / Pres.