

6/16/2002-

**2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G 90375

1. Entity Name

B &amp; P MEDICAL CENTER, INC.

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90692 026 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

B &amp; P MEDICAL CENTER, INC.

Suite, Apt. #, etc.  
3939 NW 7th St #202City & State  
MIAMI FLZip  
33126Country  
USA

3. Mailing Address

B &amp; P MEDICAL CENTER, INC.

Suite, Apt. #, etc.  
3939 NW 7th St #202City & State  
MIAMI FLZip  
33126Country  
USA

4. FEI Number

59-2385062

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Luis R. Bazo

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

3939 NW 7th St Ste 202

City  
Miami

FL

Zip Code  
33126**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIPDR:  
BAZO, LUIS R.  
11490 SW 24th St  
MIAMI FL 33165TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPDR BAZO-ARMONIA  
11490 SW 24th St  
MIAMI FL, 33165TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other information provided.

SIGNATURE:

LUIS R. BAZO

6/10/02 (305) 643-2602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034B (12/01)

B & P MEDICAL CENTER INC

3939 N.W. 7th Street, Suite # 202, Miami, Florida 33126 • 305-643-2600

Attachment  
Document # 690375

June 10, 2002

37411

DIVISION OF CORPORATION  
P.O. BOX 6327  
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

As per our telephone conversation I'am writing to you request-  
ing a copy for 2001 Profit Corporation Annual Report Packet  
which I never recieved it.

If you need any further information please do not hesitate to  
contact my office.

Thank you very much for your attention.

Sincerely,

LUIS R. LAZO