

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90006 006 ***150.00

DOCUMENT # H08825

1. Entity Name

ARNEL MEDICAL OFFICE, INC.

LA

Principal Place of Business

**8150 SOUTHWEST 8TH STREET, SUITE 226
 MIAMI FL 33144**

Mailing Address

**8150 SOUTHWEST 8TH STREET, SUITE 226
 MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2450872

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VILLALONGA, GUILLERMO J.
 8150 SOUTHWEST 8TH STREET, #226
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

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

7/19/01

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 12, 2001 Fee 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

TITLE ☐ Delete
 NAME **PTD VILLALONGA, GUILLERMO J.**
 STREET ADDRESS **8650 SW 8 ST. #226**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME **VPSD PATTERSON, MARIA M**
 STREET ADDRESS **8150 SW 8 ST. #226**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME **TD PATTERSON, JUAN C**
 STREET ADDRESS **8150 SW 8 ST. #226**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/19/01

CR2E034 (5/01)

ARNEL MEDICAL OFFICE INC.

8150 SW 8 ST #226

MIAMI, FL 33144

Attachment

#1108825
BOOKS745

Friday, September 07, 2001

Florida-Department-of-State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

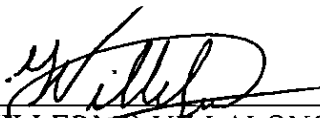
RE: MISSING ANNUAL REPORT

We regret to tell you that we received the first notice to collect the annual dues late from the post office. We did file on time every year as you can see on our payment history except this year the post office mail was delayed. As a matter of fact, we are taking all the necessary steps to prevent this from happening again.

We did not intentionally forget to pay the annual dues since we have no records of receiving the notices on time. Please, accept the enclosed check and we respectfully ask for the additional fees to be abated.

We thank you in advance for your time and understanding to our special request. If you have any question, do not hesitate to contact us at (305) 262-1412.

Sincerely yours,



GUILLERMO VILLALONGA - PRESIDENT