

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90055 048 ***150.00

DOCUMENT # J00218

1. Entity Name

AMERICAN MANAGEMENT MEDICAL SERVICES, INCORPORAT

Principal Place of Business

5434 NW 94TH PL
MIAMI FL 33178
US

Mailing Address

5434 NW 94TH PL
MIAMI FL 33186
US

2. Principal Place of Business

2655 LEJUNE RD.
Suite, Apt. #, etc.
509

3. Mailing Address

P.O. Box 520763
Suite, Apt. #, etc.

City & State

Coral Gables

City & State

Miami FL

Zip

33134

Country

US

Zip

33152-0963

Country

US

4. FEI Number 65-0034189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPINO, MARIO A. JR.
5434 NW 94 DORAL PLACE
SUITE 1
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

MARIO ESPINO JR.

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

2655 LEJUNE RD. #509

City

Coral Gables

FL

Zip Code

33134

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

TITLE DP
NAME ESPINO, MARIO A., JR.
STREET ADDRESS 5434 NW 94 DORAL PLACE.
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CRTS
NAME
STREET ADDRESS 2655 LEJUNE RD #509
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

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TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO ESPINO

Date

4/27/01

Daytime Phone #

305 5009290

CR2E034 (10/00)