

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90160 014 ***150.00

DOCUMENT # J82798

1. Entity Name
FLARE MEDICAL SERVICES CORP.



Principal Place of Business
**6795 WEST FLAGLES STREET
MIAMI FL 33144**

Mailing Address
**6795 WEST FLAGLES STREET
MIAMI FL 33144**

2. Principal Place of Business
6779 W. FLAGLES ST

3. Mailing Address
6779 W. FLAGLER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIA

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **59-2827026**

Applied For

Not Applicable

Zip Country
33144 MIA. DADE

Zip Country
33144 MIA. DADE

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROSES, RAQUEL
6795 WEST FLAGLER ST
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDST** ☐ Delete
NAME **MUNOZ, CARMEN**
STREET ADDRESS **6795 WES FLAGLER ST**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **S** ☐ Delete
NAME **MUNOZ, CARMEN**
STREET ADDRESS **6795 WEST FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CHANGE ONLY ADDRESS ☒ Change ☐ Addition
NAME
STREET ADDRESS **6779 W. FLAGLER ST**
CITY-ST-ZIP **MIAMI, FL 33144**

CHANGE ONLY ADDRESS ☒ Change ☐ Addition
NAME
STREET ADDRESS **6779 W FLAGLER ST**
CITY-ST-ZIP **MIA. FL. 33144**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

4/1/03 (305) 8581959

Date

Daytime Phone #

CR2E034 (10/02)